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ABSTRACT

The purpose of this study was to construct a model for the design, development, and direction of continuing education programs for registered nurses at John C. Calhoun Community College. The model was based on data from various professional conferences; a review of the literature on continuing education in general and concepts of learning theory; and information supplied by 14 continuing education program directors about the model they currently employed. The study and resulting model allowed nurses to identify learning needs, gain desired education, and evaluate program offerings. The model, which is presented, consists of five phases: (1) an introduction which defines nursing and continuing education, and discusses the model itself; (2) a description of the setting (Northern Alabama) and the population (3,412 nurses) served; (3) an overview of the selection and membership of the advisory committee and its role in program coordination; (4) a statement of goals and objectives; and (5) an outline of the delivery system and specific aspects of planning, implementation, and evaluation of the continuing education program as conducted at Calhoun. The phases are graphically illustrated to demonstrate interrelationships among them. Fifteen appendices, comprising half of the report, include various program forms and documents, and a list of the 14 existing programs that supplied information for the study. (DB)

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THE DEVELOPMENT OF A MODEL TO GUIDE THE PRACTITIONER
IN CONTINUING EDUCATION PROGRAMS

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LEARNING THEORY AND APPLICATIONS MODULE

by

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John C. Calhoun State Community College

A PRACTICUM TO NOVA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF EDUCATION

NOVA UNIVERSITY

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ABSTRACT

The U.S. Department of Health, Education and Welfare funded a Continuing Education Program for registered nurses and licensed practical nurses for John C. Calhoun State Community College. The grant was initiated through the interest of Mr. Harry Rice, Director of Development. It was established because the nursing faculty was concerned with the lack of continuing education programs offered in the North Alabama area for nurses and their belief that continuing education is one factor that prevents obsolescence in practice.

The purpose of this study was to develop a model that included the major elements for designing continuing education programs for nurses as utilized at John C. Calhoun College. The model provided a structure for directing programs designed to keep nurses up to day in knowledge. The model identified the population, conceptual framework, goals and objectives, advisory committee, community and the delivery process of continuing education: planning, implementing, and evaluating. These elements were structured in various phases and were graphically illustrated to show how they related and interrelated.

The study was based on several needs: (1) the interest in continuing education shown by registered nurses as a necessity for professional practice, (2) the national issue of whether continuing education should be voluntary or mandatory, (3) the majority of continuing education programs offered were two hundred miles away, (4) the desire that adults wanted to fulfill their learning needs.

The study was carried out by obtaining data from various professional conferences, literature review and continuing education programs. A letter was sent to twenty directors of continuing education programs that were members of the National Continuing Education Council. The directors were asked to share their model for the purpose of review and replication if applicable to John C. Calhoun's program.

As a result of this study nurses: (1) identified the demand for continuing education, (2) identified their learning needs, (3) received direction through a structured model to keep up to date in current practice, (4) evaluated the effectiveness of the program offerings.

The following recommendations were made from the results of this study:

1. That a pamphlet on the model be given to those nurses that attended the continuing education program.
2. That the model be published in the Continuing Education Journal and ERIC for dissemination.
3. That the outcome evaluation be done in one year on the use and effect of the model on nursing care.

THE DEVELOPMENT OF A MODEL TO GUIDE THE PRACTITIONER IN CONTINUING EDUCATION PROGRAMS

Introduction

John C. Calhoun State Community College Nursing faculty was concerned with the lack of continuing education offerings in the North Alabama area for nurses. Their concern and involvement encouraged the researcher to write a Grant for continuing education programs for registered nurses and licensed practical nurses in the North Alabama area. The grant was funded by the Department of Health, Education and Welfare in the amount of \$124,594 for a three year period. The programs were offered free to participants at alternate times to meet the needs of nurses on different shifts.

The researcher who was charged with the overall operation of these programs was faced with a challenge of delivering these programs without a structured model to follow. This investigation was therefore undertaken to develop a model that gave purpose and directions to nurses.

The purpose of this study was to develop a model that included the elements for designing continuing education programs as utilized at John C. Calhoun State Community College.

The following needs were the basis for this investigation: (1) the interest in continuing education by registered nurses as a necessity for professional practice, (2) the national issue of whether continuing education for nurses should be voluntary or mandatory, (3) the majority of

continuing education programs offered were two hundred miles away which was time consuming and involved traveling and over night lodging, (4) the desire that adults wanted to fulfill their learning needs.

This investigation was carried out by soliciting information through a letter to directors of continuing education programs. The purpose of the letter was to elicit information to determine if the responding programs had a model and if so to share the model with the researcher for the purpose of structuring a model for Calhoun's Continuing Education Program.

Background and Significance

For the purpose of organization the review of this literature was divided into three parts which were not mutually exclusive. The first are statements by authors related to continuing education. The second are studies related to models. The third are studies and statements related to learning.

Continuing Education

Lauraine A. Thomas, a nurse and member of California's Council on Continuing Education for Health Occupations stated, "Continuing education not by shotgun application in the hope of hitting some vaguely defined target, but education based upon behavioral standards of practice and designed to meet specific learning needs."¹

This statement on continuing is reported from the Southern Regional Education Board Nursing Curriculum Project. "Continuing education would be an integral part of the nursing academic structure, keeping pace with the technological advances of medical science."²

Bernard Dryer stated, "The purpose of continuing education for health professionals is the improvement of patient care, health maintenance, and the enrichment of health careers."³

As noted by Signe S. Cooper, the concept of life-long learning for professional practice dates from the beginning of organized nursing. "A review of the past reflects various

efforts by nurses to keep their knowledge and practice current; these endeavors will continue and expand in the future. Regardless of the direction taken, progress in nursing depends upon the acceptance by nurses of the concept of life-long learning for professional practice."⁴

The Alabama State Nurses Association defined continuing education as "A three-pronged categorization of activities, nursing practice activities, continuing and formal education activities, and professional organization activities."⁵

MODELS

In 1966 Lois Knowles presented a description of a model of the activities in which the nurse is engaged. She suggested that the nurse's success as a practitioner depends on her mastery of the five D's: (1) discovery, the nurse acquires knowledge about something that she did not know previously; such information should contribute to better client care, (2) delve, the nurse gets information from as many sources as possible to provide data about the client, (3) decide, the nurse plans the approach to use in the client's care, (4) do, the nurse administers, performs, and activates the plan that has been developed, (5) discriminate, the nurse distinguishes priorities and reactions by discerning differences in needs and problems experienced by the client.⁶

In 1974 Ruth B. Fine proposed a conceptual model using a "feedback" principle to control theory to help control medication errors by nurses. The model was proposed in

order to solicit comments and assistance in refining the approach to medication error control.

The model was comprised of a set of steps: an omitted medication, submission of a report of the omission, evaluation of the omission by nurses and doctors, comparison of the effect of the omission with an established standard, recommendation to act or not to act based upon the comparison, and if action is required, finally channeling of information back to the omitting nurses.

The system flow approach was used in this model. The model is conceptual, simple and represents a systematic approach to controlling errors and evaluating nursing performance. It also represents another step in the direction of controlling the quality of care provided.⁷

Richard C. Jalinek described a model for the patient care system which interrelates input, organization, workload, environment, and output of nursing services. Outputs were broken down into two component factors, quality and quantity. The study also proposed a patient care management system, the nucleus of which is the patient care system. This system is described by a feedback process where the output is translated into some measure of performance which in turn is compared to some pre-established standard. If corrective action is necessary, the inputs are modified and the process repeats itself.⁸

The I Am Model for retention of minority nursing students was described by Betty W. Story. This model consisted

of five phases. Phase one dealt with training of the project staff through seminars and workshops to inform them of the purpose of activities of the program.

Phase two was concerned with the identification of persons interested in a nursing career. This phase also included an orientation to the profession.

Phase three consisted of the assessment of cognitive and behavioral skills. This phase allowed for remedial efforts to correct academic deficiencies.

Phase four is aimed at prevention of undue academic stress. Support during the stage of studies was maintained as well as intensive preparation.

Phase five, the last phase dealt with job placement and preparation for the state board examination. A great deal of assistance and support was given during the termination of schooling.

The design of this model provided preventive rather than remedial services. This framework included academic tutorial assistance, enrichment, and counseling.⁹

Three theoretical models were used to predict group phenomenon and to enhance group experience. These models were also useful as group assessment guides: the focal-conflict model, the communication model, and the group dynamics model.

The focal-conflict model was based on the premise that everything that occurred in a group was caused by an underlying concern shared by all group members. This model had two components: a wish or disturbing motive and a fear or reactive

motive.¹⁰ The disturbing motive was concerned with something the clients would like to do, but was difficult for them because of their problem in relating with others. The reactive motive usually concerned a reservation or a fear about actually carrying out what one would like to do because of negative experiences held in the past. The conflict between wish and fear caused anxiety by finding a solution that reduced fear while allowing them to satisfy the wish as much as possible.

After employing the focal-conflict model to assess what was occurring in the group, a nursing diagnosis was made, and problems were identified. These problems usually concerned feelings that group members had that contributed to fear or unhealthy coping mechanisms used to decrease fear. When using the focal conflict model, evaluating the effectiveness of interventions was done by determining if identified problems were resolved and if a specific group wish had been fulfilled.

The goal of the leader for this model was to facilitate the group members' ability to satisfy their wish.

The communication model was based on five propositions:

1. Communication is inevitable; one cannot not communicate.
2. Communication is a multilevel phenomenon; messages may impart content information and/or describe the relationship the sender wants to have with the receiver.
3. Messages connote and denote; the message sent is not necessarily the message received.
4. Communication has overt and covert elements; the sender is aware of and can control his overt communication,

but he is not aware of and has little control of his overt communication, such as body language and tone of voice.

5. Dysfunctional communication results if the sender cannot assume the responsibility for interpersonal interaction; if a person feels unable to handle the feelings that he has or the responses of others to his feelings, he will avoid directly communicating these feelings.¹¹

When the communication model was used to assess what occurred in the group the following factors were considered, who talked and who did not talk, whether messages sent were messages received, and how various members communicated to the group.

The goal of the leader who used the communication model facilitated the group members' ability to communicate effectively. The leader accomplished this goal through the use of interventions, which resolved the identified problems.

The group dynamics model was based on three propositions:

1. Groups were in a constant state of flux; the interactional patterns and emotional tone were dynamic, not static.
2. Group movement had stages usually related to the group's level of cohesion.
3. Groups were developed in a healthy or an unhealthy manner; healthy development allowed effective decision making to occur; healthy development necessitated an effective leadership style, appropriate structure, effective role fulfillment, adequate norms, and cohesion.¹²

The goal of the leader using this model was to facilitate the group's ability to develop in a healthy manner. When using this model, the evaluation of intervention effectiveness was done by determining if identified problems had been resolved and effective decision making occurred in the group.

The most important guidelines to remember when using the nursing process to facilitate group therapy are: (1) identified problems must be related to whatever model is being used as an assessment guide; (2) problems must relate to the group as a whole, and not be a member's individual problem; and (3) interventions must be directed toward specific problems.

The image portrayed by long-term health care facilities (LTHCF) is one that is efficient and necessary. A Model in the perspective of LTHCF is needed in order to provide a meaningful quality of life for the elderly. Psychosocial needs of residents in LTHCF should be emphasized in an effort to upgrade the quality of life rather than quantity. A realistic attitude of medical science would reveal that it does not have the capability to effectively handle chronic and degenerative conditions. Medicine must recognize that it is a vital part of the multidisciplinary team and society must acknowledge that it practices discrimination against the aged.

Humane treatment of infirm and institutionalized persons has to be financed by the government if there is to be a morally sound LTHCF program. This would probably mean that other societal programs would get less attention. Standards of health care quality should be instituted by government regulation. Change in attitude of the "nursing home" could be effected by dropping "nursing home" and using health care facility or "home".¹³

Alma Haglund, in the article, "An Economic Model For

Selective Admissions", states, selective admission to the school of nursing showed sound judgment in the selection process. Students selected to the program had the calibre of disposition set by the board. The open philosophy which gave everyone the opportunity to enroll is supported by the U.S. Government as well as by selective admissions at the different institutions. It represented the democratic principle of a free society. The fundamental policy to be adapted by selected admissions of nursing schools was the intent to see the student through. The academic curriculum is an advisory source which indicates to the students their ability or discipline requirements to be successful in the course. Selective admissions should also function to enforce that criteria which points to the students desire and potential rather than quality point average. Admissions consideration presented in this model show effective and efficient qualities regardless of employment goals.¹⁴

The family contains the basic therapeutic capacity in meeting its psychological needs. This need is satisfied through communication. Emotional intimacy and opportunity to contribute to the production of the family order are vital to the growth of the family. The uniqueness of each member if expressed through clear communication. With the lack of clear communication, anxiety and other forms of emotional stress are likely to develop. Clear communication to others is important in that it helps to negotiate differences. The married couple forms a relationship based on patterns and methods of transacting.

The role of the therapist is that of building a relationship in the family through better communication. Improved communication in the family aids the group in achieving sense, order and production. Clarification of communication in the family is an educational process that assists members in seeing the discrepancies in their communication process. The family can be looked upon as a natural group which contains a common influence characteristic. Relationship building and assessment are followed by intervention which help family members to challenge the needed change for better communication.¹⁵

The Resource Model for Continuing Education in Nursing has been a helpful and necessary guide for the growth of the nursing profession. It is a useful tool that has yielded desired results when used. Continuing education in nursing provides the opportunity for inquiry, demonstration and research for health care improvement which is vital for improvement.

Many factors influence nursing personnel such as legislature regulations, health care demands, population characteristics and research. The existence of these factors serve to stimulate the growth activity of nursing education.

The individual nurse must recognize his/her educational needs and seek to obtain those needs and share the information acquired with colleagues. Various courses and workshops are provided at various locations and institutions. The individuals who have identified their needs must take the initiative of enrollment. This is the process of contin-

uing education particularly in nursing. It has benefited and advanced the entire nursing profession.¹⁶

The San Jose Community College District had a proven and successful interdisciplinary program in Mexican American Studies that was developed by the Mexican American Studies Faculty of Evergreen Valley College. The faculty explored ways for adopting portions of the Mexican American studies curriculum. This work emerged as a model whereby other ethnic/culture groups could participate because the objectives, goals, stated values and educational needs identified embraced many cultures. The model does not require that students "flow" through the model as individuals, group processes and teacher facilitator roles were perceived as highly compatible with the four stage arrangements. The stages are not necessarily sequential and skills courses can be taken simultaneously with courses in other stages.

The multicultural studies model was the result of matching the "major premises" and "curriculum goals".

Major Premises

1. Cultural conflict is a basis phenomenon for Mexican Americans in contemporary North American Society.
2. Isolation and withdrawal are common responses of Mexican Americans to highly form.
3. An emotional supportive environment that enhances interaction, risk-taking, enhances interaction, showing information, strategies for overcoming alienation is essential for Mexican Americans.
4. The development of creative problem solving technique compatible with the Mexican American life style is vital.¹⁷

Goals

1. To increase the personal power base of the individual to function successfully in highly formal and depersonalized social settings.
2. To enhance the individual's success oriented posture toward an aspiration to professional occupations.
3. To enhance the individual's ethnic group identity and forge stronger bonds of social service commitment toward problem solving in the ethnic community.
4. To develop critical thinking skills and encourage greater inquiry toward learning and fact finding.
5. To develop the individual's compacity for critical decision-making and assessment of community needs and resources.
6. To develop the student's bilingual capacities to meet the growing communication requirements within the community.¹⁸

The bridge between premises and goals consisted of the following four stages:

1. The skills curriculum stage addressed the need for the community college to significantly enhance the learning experiences of students by providing human relation and academic skills to succeed in college. These skills fall in two categories: the cognitive and the affective domain. The affective domain includes human relations skills at the interpersonal group and organizational levels. Cognitive skills comprise analyses, decision making, reading, computation speaking and writing. Three means for delivering these skills were identified: through laboratory sessions; through specific skill courses and through counseling sessions. Success at the curriculum stage is a necessary condition for succeeding achievements.
2. The core curriculum stage comprises of general education courses in the social sciences or the humanities which are relevant to Mexican American issues. This stage performs a parallel function of preparing students in the area of general studies and providing the student with necessary conceptual and theoretical background for the emphases and synthesis stages.

3. The emphases curriculum stage allows students to further develop the acquired general skills and concepts of the skills and core stages toward concentration in one area of study leading to a certificate of achievement or an associate of arts degree.
4. The synthesis curriculum stage is the last stage. This stage represents opportunities for students to relate the first three stages with work experience in the community. This stage mutually benefits both the program and the student.

This model for intercultural studies showed a relationship between student, faculty, curriculum and the real world. It provided for both cultural integrity and cultural autonomy, two necessary ingredients for a multicultural approach to learning.¹⁹

These studies included the view points of many authors, and nursing authorities on related key issues. Key issues that dealt with major aspects which related to the delivery of good patient care through the utilization of models and related aspects on continuing education. In summary, the development and application of models supported the belief that the process was vital and logical.

Learning Theory

In the last few years the work of Jean Piaget has received attention as a course of insight into teaching and thinking as noted in an article written by Anton Lawson and John Renner "Teaching for Thinking: A Piagetian Perspective." In this article three aspects of Piaget's theory concerning the development of reasoning is introduced:

- 1) the idea of mental structure, 2) the process of self

regulation and 3) the stages in reasoning patterns.

The idea of mental structures is a fundamental idea that underlines all of Piaget's work. Basically, mental structures are hypothesized "mental blueprints" that guide behavior. The construction of mental structure is fundamental process in intellectual development. It provides the basis for our patterns of reasoning, which in turn, determine how and what we think and how we interact with our environment. Mental structures and our reasoning patterns represent our knowledge about both the physical world and the world of ideas.

The process of self-regulation began with an assimilation phase. An individual's mental structure assimilates a situation, that is, it gives it meaning and initiates a behavior consistent with that meaning. The meaning determined by present, mental structures, however, may be inappropriate. Inappropriateness produces "disequilibrium," "cognitive conflict". This was the prime mover in initiating the second phase accommodation.

Accommodation involves an analysis of the situation in order to locate the source of the difficulty or ways of resolving the difficulty or formation of new plans. After a great deal of analysis, searching, and trying suggestions, mental structures gradually accommodate to a new situation, that is, individuals self regulate and acquire new mental structure. The process of self regulation underlines all intellectual development. The emphasis in this process is on

the self. The process is an internal regulation that cannot be circumvented using literal agents.

The last aspect of the theory, Piaget described reasoning as a fundamental pattern of reasoning that guides behavior in two major categories. These categories are concrete operational and formal operational depending upon their breadth of applicability and usefulness in organizing information and solving problems. Reasoning patterns are called concrete if they are applied only to familiar objects, events and situations in the child's experience. Reasoning patterns with greater breadth of applicability are called formal. These are the patterns that deal with abstract relationships hypothesized objectives and indirect experience. Piaget believed that concrete reasoning patterns were prerequisites for the development of formal reasoning patterns. An individual cannot meaningfully deal on the formal level without just acquiring a sound experimental based, without being able to classify and to serially order the phenomena under consideration.

The following are practical suggestions for teaching self-regulation. These suggestions are not direct consequences of Piaget's theory but compatible with Piagetian perspective.

1. Arrange teaching sequence so that you begin in concrete ideas defined through demonstration, examples and actions.
2. Use students exploration activities before introducing a new concept. Give students the opportunity to work with objects and make observations that allow them to ask their own questions.
3. Begin class discussions with simple demonstrations and challenge students to raise questions.

4. Encourage students to interact with one another during discussions.
5. Ask students to justify their conclusions and predictions.
6. Be as receptive as possible. Emphasize the reasons behind an answer rather than the "right answer" itself.
7. Be willing to reason out loud and to reveal that you are at times unable to proceed with a problem.²⁰

In light of the studies reviewed in the other sections they all have in common the identification of sequential steps or a model to follow, approaches to consider.

It seems that the importance of learning theory cannot be over emphasized because of the contribution of the times, therefore, it was necessary to use the knowledge gained from a great deal of accumulated evidence of several theories about learning that was applicable to this research. Accordingly, the researcher wishes to examine some of the theories of learning in an attempt to tie this study to the learning theory module.

According to Morgan and King learning is the key process, perhaps the key process in human behavior; it prevades everything we do and think. They see it as influencing in one way or another, the language we speak, our customs, attitudes, beliefs and goals, personality traits, both adaptive and maladaptive.²¹

Judson S. Brown feels that many kinds of behavior, even learned behavior depend on motivation. A rat that has learned a maze does not perform well unless it is hungry or motivated in some way. In this case learning is not mani-

fested in performance until it is brought out through motivation. Brown expresses this in: "There is no question but that the idea of motivation or some similar motion appears in almost every systematic account of behavior." "Contemporary psychological theories as well as their more philosophically oriented predecessors have frequently relied upon some kind of moving, pushing driving or energizing force or agency. The ubiquity, the concept of motivation, in one guise or another, is nevertheless surprising when we consider that it's meaning is often scandalously vague."²²

John Dewey's Theory had profound influence on learning theory. He probably, more than any other single thinker or writer has given American twentieth-century its most distinctive characteristics. One important aspect of his psychological concepts is his analysis of the relationship of the total person to stimulus events. He saw interest as the motivational force, the critical link between pupil's present stage and where the teacher hopes he will be.²³

Patricia Cross stated, "Education is what remains after content has been forgotten."²⁴

Carole E. Smith, Assistant Professor of Nursing,
Winona State University Stated,

All of today's nurses are adult learners whose career choices have placed them in the ever-changing health care field, whose interests lead them into diverse roles, and whose various responsibilities create numerous learning needs.²⁵

In summary, the complexity of learning theory was enhanced by focusing on studies that clearly indicate that the

background literature was applicable to today's research. The literature provided a foundation for the researcher to build on and to show the need for this practicum. It also provided for the type of framework necessary to emphasize professional coherence.

This practicum was related to the Learning Theory and Applications Module because:

- 1) It related the learning factors of life long learning to the basic principles of learning.
- 2) It served as a goal-directed guide for achieving the intended output and learner satisfaction.
- 3) It provided an opportunity to bring the learner into the matter of learning and dealt with an aspect of management of learning.
- 4) It provided an opportunity for self-improvement, increased instructional efficiency and effectiveness.
- 5) It provided direction to educators and practitioners that were engaged in Continuing Education programs.

This practicum has done what Mary Strauss stated;

Nurse educators and nurse practitioners share in the responsibility for developing effective measures of the quality of nursing care to clients, and of the quality of education for the delivery of that care.²⁶

It was important that those of us responsible for educating the adult learner were responsive to their needs, past experiences and goals.

Key individuals at Calhoun justified the need for this practicum, Dr. Marshall Smith, Dean of the College; Mrs. Gayle Stinnett, Project Coordinator of Continuing Education for Nurses; and Mr. Harry Rice, Director of Development and a member of the Continuing Education Advisory Board.

PROCEDURES

The procedures followed for this study consisted of data from the review of literature, various conferences, meetings, and modification of models from other continuing education programs. To conduct this study permission was obtained from Dr. Marshall Smith, Dean of the College. Attendance at state, local, and national meetings were necessary to know how and what educators in various states were doing about continuing education. On the local level various district meetings were attended on the pros and cons of whether continuing education should be voluntary or mandatory. On the state level, the Alabama State Nurses' Association in Montgomery was attended and the annual Alabama Association for Continuing Education and Services in Tuscaloosa. On the national level, the Council on Continuing Education for Nurses in California was attended.

Collection and Treatment of Data

The data for this research were obtained from directors of continuing education programs that were assigned to a special interest group of the Council of Continuing Education. The names of the programs were obtained from the 1978 list that was distributed to all council members at the conference. The population consisted of twenty institutions. The entire population was assigned numbers and then the numbers were entered on discs. All discs were placed in a container and

drawn out one at a time. The subject whose name coincided with the specific discs made up a randomly selected sample.

A letter was sent to the director of each of the selected programs. (Note Appendix A.) The purpose of the letter was to determine if the responding institution had a continuing education program and a model. They were also asked to share their model with the researcher for the purpose of this study. These models were reviewed and relevant parts that were applicable to Calhoun were used in structuring a model for Calhoun's program. Fourteen of the twenty programs responded. The data were analyzed and tabulated.

Design of the Model

This practicum resulted in a product (model) that was designed to depict the client as the adult learner in a setting that gave a step by step outline of what was included in designing Continuing Education Programs for nurses. The format gave a clear and complete picture of a design that was generalized, meaning it was designed for all programs and not designed for a specific type program. The model was designed this way so it could be easily adopted to any and all continuing education programs, if desired.

The first phase of the model was the introduction. The introduction gave a general overview of the major elements of continuing education and defined nursing, continuing education and the model. It identified the purpose of the model; and

it explained how and why the model was used and the benefit of its development to the practitioner.

The second phase identified the population of nurses served. The population that consisted of those nurses in Calhoun's service area. A population that was actively engaged in institutional nursing, in physicians' offices, and in education. The framework was also identified, including the setting client/learner situation and needs of the learner.

The third phase identified the advisory committee and the relationship the advisory committee had with the community and school.

The fourth phase identified the purpose of specific objectives and goals, how they were stated, and why they were stated the way they were.

The fifth phase identified the steps, (planning, implementing, evaluating) in the continuing education program for nurses thus pulling together all aspects that show the interrelationship of the delivery system for continuing education offerings at John C. Calhoun State Community College. (Note Model Appendix B).

A copy of the model was given to the Dean of the College, Advisory Committee Members, Nursing and Continuing Education Faculty, Executive Director of the Alabama State Nurses' Association, and the Alabama Regional Director of Health, Education and Welfare Department. For general use by the public, several copies were placed on reserve in the library and the learning resource area in the nursing department.

Basic Assumptions

These were the basic assumptions of this study:

1. It was assumed that all nurses had a desire to learn.
2. It was assumed that all nurses were interested in self-growth and quality patient care.
3. It was assumed that all nurses were interested in a model that was designed to assist in the planning for learning activities for continuing education.
4. It was assumed that nurses in the community had a broad perception of their needs.

Limitations

These were the limitations of this study:

1. This study was limited to John C. Calhoun State Community College Continuing Education Program.
2. This study was limited to those nurses in the North Alabama area that attend selected planned programs.

Definition of Terms

The following terms were defined according to their use in this study:

Obsolescence - the loss of acquired knowledge and the non-acquisition and/or non-utilization of new knowledge.

Andragogy - the art and science of helping adults to learn.

Refresher Courses - programs designed to include efforts to update the body of knowledge to the level commonly held by entrants into the field.

Model - a schematic depiction of the major components of a theory.

Client - an individual or participant.

Setting - a specific place to conduct programs.

Conceptual Framework - a structure that provides a common frame of reference that serves as a guide for supporting, defining and evaluating all factors involved in the development of an educational program.

Continuing Education Units - ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction is equal to one continuing education unit.¹⁹

Program - encompasses all the offerings of a given institution, single or multiple. Program suggests a greater flexibility of format and content directed toward the special requirements of adults.

System - a whole with interrelated parts in which the parts have a function and the system, a totality, has a function.

Evaluation - the process by which persons associated with the educational activity make judgements about effectiveness based on evidence in ways that encourage use of the conclusions to improve the educational activity.

Mentor Role - a role by which the individual can guide his own professional development.

Dependent - nursing care activities requiring a physician's order.

Independent - nursing care activities which do not require a physician's order.

Continuing Education - organized learning experiences designed to keep registered nurses abreast of developing trends, knowledge, and skills in nursing and in their own area of competence.

Interaction - mutual action or influence of an individual with his social environment.

Criteria - standards for making a judgement.

Job Satisfaction - a personal satisfaction one experiences in relation to a job.

Results

TABLE I

CONTINUING EDUCATION PROGRAM ANALYSIS

Kinds of Information Desired	Number of Responses
1. Programs that had a Continuing Education Program	14 (70%)
2. Programs that gave a general description of Continuing Education	12 (60%)
3. Programs that utilized a Continuing Education Model	13 (65%)
4. Programs that sent a copy of Continuing Education Model	13 (65%)

Table one shows the number and percentage of respondents to various kinds of information received. The institutions that responded indicated a high percentage of similarities in regard to program structure. The table indicates the extent to which 14 institutions shared the same or similar concepts related to continuing education as well as their willingness to participate in the implication of such a study.

As expected this research served the purpose it was designed for, thus improving by giving direction through a model. It served the nursing profession by updating and broadening the knowledge of those nurses in practice today, emphasized areas of need for new graduates and served as a refresher course to nurses that were on inactive status.

The results of this study accomplished the following:

1. This research served the purpose of directing Calhoun's Continuing Education Program in a model that served as a schematic structure for life long learning.
2. This model related the role of the adult in a job to that adult's interests and needs as viewed by himself and as viewed by others.
3. This model was replicated by other continuing education programs.
4. This model assisted continuing educators to effectively plan learning activities for particular segments of health care providers.
5. This model contributed to the visibility of nursing research in this area.

DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

In 1974 the American Nurses' Association asserted that "Continuing Education in nursing consists of planned learning experiences beyond a basic nursing education program." Therefore, Calhoun's program was designed to promote the development of knowledge and skills for the enhancement of nursing practice. Yet in reality these programs were offered for those who saw the need to attend on a voluntary basis. The mandatory continuing education movement remains an undisputed reality. Today continuing education recognition programs exist within every state nursing organizations but not as a pre-requisite for relicensure. There are basic questions that have not been answered in regard to this issue such as:

1. Does accountability demand mandatory continuing education?
2. Who designs, finances, and implements the learning activities?
3. Who should be responsible for the responsibility for learning after former educational preparation?

Until such time the system can and will answer such basic questions that are essential to the mandatory vs. voluntary continuing education issue nurses' attitude toward life long learning will be in limbo.

The lack of a continuing education program was a problem that the researcher felt that nurse educators shared with those in practice. For those who carried responsibilities in either education or practice shared the responsibility of

the other because education and practice go hand in hand. You can't have one without the other and be competent. Therefore, this Model (Appendix B) was designed to give direction for continuing education for nurses. The model was designed so that clients were introduced to theory and in many cases exposed to the actual practice of nursing related to specific content area.

Essential interpretations of this model cannot be overlooked because of the value it held for the individual nurse, the college, and the community. All three played a major role in providing guidance for planning and directing the programs.

From the college standpoint, it was recognized that the greatest opportunity for stimulating learning under desirable conditions was found in the school, especially the classroom. At the various workshops clients met their needs by having the ability to understand the instructions provided in a classroom setting, which promoted clarity. After the clients attended the programs time for learning to take place was allowed by returning to their positions and performing better nursing care based on the information received at the workshops. These individuals shared ideas and progressed; and as a result they experienced job satisfaction.

The college also had a commitment to the community in that creating an environment for learning was an important factor. The faculty reached out to the clients, they recognized that their concern was not merely the presentation of materials

but the establishment of an interaction that created an environment in which clients learned. The college also assisted the faculty and clients to achieve their goals by strong administrative support providing what was needed to get the best job done.

From the community standpoint, the intent of the involvement of the Advisory Committee (Note Appendix C) focused on the fact that community representative, were interested, willing, and qualified to serve. Their involvement on the advisory committee pointed out that people in the community had a broader perception of needs than those at Calhoun. The committee collectively advised the faculty of the needs of the community related to health, thus the committee acted as a liason between the college and community. The community involvement was very essential to the survival of this program to Calhoun especially since it is a junior college, primarily because the purpose is to serve the community. The first and last words in any talk of Dr. James Chasteen, president of Calhoun College, are related to the fact that the purpose of the college is to serve the community. This basic conception is also incooperated into the nurses' continuing education program.

From the student or client standpoint, the immediate results of the workshops were self-satisfaction and increased confidence felt by the participants. However, there was a sense of increased responsibility among the participants, a renewed determination to guarantee that their patients were

provided with quality nursing care. This was noted by participants that verbalized the value that the workshops held for them. It made a positive effect on the nursing care given. For example, if a nurse had not taken care of a patient for some time with a colostomy then she felt inadequate. The inadequacies did not mean the lack of knowledge but the lack of availability of patient models to care for or the wide range of nursing problems that centered around other conditions. The workshop assisted greatly in the area of review for nurses.

The clients were able to view their own beliefs and actions from as objective viewpoint as possible. This was possible because they already had the required basic skills, which reinforced the participants value of self and of nursing. Clients contributed much to all of the programs and gained as much because the student body was generalized from various backgrounds and various areas in nursing.

The model showed a definite relationship to the client, faculty, college, and the community. This model brought to a point the task of consolidation of adult education for a particular group for a particular reason. In many ways it brought order and consistency to the North Alabama area over a national issue directed toward learning and learning principles.

Calhoun's philosophy for continuing education (note Appendix D) was directed to the learner and this model was

designed from the beliefs of this philosophy. In summary, each element of this model was directed toward tailoring the program to the needs of the adult learner, which was essential for success.

This model has certainly served a major need to the nursing profession. In addition to the primary purpose, it served as an umbrella so to speak in that:

1. It provided for consistency, clarity and cohesiveness.
2. It made decision making an easier task that was not open to subjective criticism.
3. It served as a quick reference.
4. It strengthen the bond between education and practice.

The researcher believes that education is one of the factors that prevents obsolescence in practice and it is difficult to conceive of a professional person this day and time who is reluctant and not responsible for his or her own professional growth.

The results of this model were a success because the educators involved considered the adults interest and needs as the most important factor because it related to a major aspect of the adult's life, his job. The model seemed to have served as a "hook up" with the individual's needs and interests. The clients remained in the program and returned to almost all of them. This was an indication that the client did not swing out of the process into frustration but remained in the continuing education process with his needs and interests met as well as those needs as identified by others.

The model was evaluated by key individuals at Calhoun and a member of the advisory committee, individuals that were very concerned about the model and continuing education for nurses. In addition, a director of another nursing program in the North Alabama area wanted to replicate the study for her program. (Note letters Appendix E)

Finally, one of the most important results of this experience has been the realization that it was possible for the nursing staff of small hospitals and/or in remote areas to obtain the kind of high quality education usually available only in a metropolitan area.

These recommendations were made directly from the results of this study:

1. A small pamphlet on the model be given to those nurses that attended the continuing education programs and participated in the study. This will assure that the model be placed in the hands of those individuals that give direct nursing care.
2. The model be published in the Continuing Education Journal and ERIC for dissemination. The practicum be submitted as soon as possible for publication. This recommendation will provide other programs the opportunity to utilize the model in planning learning activities for health care providers, if desired. It will also add to nursing research.
3. A out-come evaluation (questionnaire) be done in one year on the use and effect of the model on nursing practice. The implemencation of this recommendation will examine the ultimate outcome of the model. This type of evaluation process provides the ties which form the feedback whereby future programs may be reviewed in light of current ones. Some of the major items that should be considered should address such areas as how the clients viewed the model and the benefits derived in supplying education directions on the job.

4. The nursing department continue to offer continuing education programs utilizing the model after the expiration of the grant. This can be done by adequate planning and professional growth from programs offered at the present time.

FOOTNOTES

¹L. Thomas, "Prescriptive Education," Nursing Outlook, July 1973, p. 450.

²L. Anderson, "Regional Spotlight," Southern Regional Education Board Publication, Atlanta, Georgia, October, 1976.

³B. Dryer, Monographs and Annotated Bibliography on Continuing Education and Health Manpower, U.S. Department of Health, Education and Welfare, 1974, p. 125.

⁴S. Cooper, "Continuing Education Yesterday and Today," Nurse Educator, January-February, 1978, p. 25.

⁵Continuing Education, The American Association of Collegiate Registrars and Admissions Officers, The U.S. Civil Service Commission, and The U.S. Office of Education.

⁶H. Yura and M. Walsh, The Nursing Process, (New York: Appleton-Century Crofts, 1978), p. 24.

⁷U.S. Department of Health, Education and Welfare, "Modeling" A Review of Evaluation of Nursing Productivity, (Maryland: Bethesda, November, 1976.) p. 152.

⁸Ibid, p. 155

⁹B. Story, "The I Am Model for Retention of Minority Nursing Students", Nurse Educator, November-December, 1978, p. 16.

¹⁰L. Slimmer, "Use of the Nursing Process to facilitate Group Therapy", Journal Psychiatric Nursing Mental Health Services, p. 42

¹¹Ibid, p. 43.

¹²Ibid, p. 44.

¹³R.C. Melin and D. J. Hymans, "Developing a Healthcare Model for Long-Term Care Facilities", The Journal of Nursing Administration, October, 1977, p. 12

¹⁴A. Haglund, "An Economic Model for Selective Admissions", Nursing Outlook April, 1978, p. 38.

¹⁵J.E. Lantz, "Family Therapy: Using A Transactional Approach", Psychiatric Nursing and Mental Health Services, April, 1977, p. 17.

¹⁶J.M. McNally, "A Resource Model for Continuing Education in Nursing", The Journal of Continuing Education in Nursing, July-August, 1978, p. 33.

¹⁷E. Carranza, "A Model for Intercultural Studies", Community and Junior College Journal, October, 1978, p. 30.

¹⁸Ibid, p. 30.

¹⁹Ibid, p. 32.

²⁰A. Lawson and J. Reener, "Teaching for Thinking: A Piagetian Perspective," Today's Educator, January, 1977, p. 10.

²¹C. Morgan and R. King, Introduction to Psychology, (New York: McGraw Hill Co.) p. 12.

²²J. Brown, The Motivation of Behavior, (New York: McGraw-Hill Publishing Inc., 1961) p. 24.

²³F. McDonald, "The Influence of Learning Theories on Education," The Sixty-Third Yearbook of the National Society for the Study of Education, Chicago: The University of Chicago Press, 1964, p. 160.

²⁴L. Anderson, "Regional Spotlight," Southern Regional Educational Board, Atlanta, Georgia, October, 1976.

²⁵C. Smith "Planning, Implementing and Evaluating Learning Experiences for Adults," Nurse Educator, November-December, 1978.

²⁶M. Strauss, "Quality Assurance and Nursing Education," Nurse Educator, March, April, 1978, p. 19.

BIBLIOGRAPHY

- Anderson, Laura. "Regional Spotlight." Southern Regional Education Board, October, 1976.
- Bertalanffy, Ludwig von, General Systems Theory. New York: Braziller, 1968.
- Bigge, Morris L. Learning Theories for Teachers. (3rd ed.) New York: Harper & Row Publishers, Inc., 1976.
- Brown, Judson. The Motivation of Behavior. New York: McGraw-Hill Publishing Inc., 1961.
- Carrier, Vera and Jan Stitzman. "Components of the Nursing Process." Nursing Clinics of North America, 1971.
- Cochran, Leslie H. and Others. A Guide for the Effective Utilization of Advisory Committees. Educational Resources Information Center, ERIC Document Ed. 105229, September, 1975, Volume X, Number VII.
- Continuing Education Unit, The American Association of Collegiate Registrars and Admissions Officers. The U.S. Civil Service Commission, U.S. Office of Education.
- Cross, K. Patricia. Accent on Learning: Improving Instruction and Reshaping the Curriculum. San Francisco: Jossey-Bass Publishers, Inc., 1976.
- Cross, Patricia. "Regional Spotlight." Southern Regional Education Board. June, 1976.
- Dryer, Bernard. Monographs and Annotated Bibliography of Continuing Education and Health Manpower. U.S. Department of Health Education and Welfare, 1974.
- Fielo, Sandra. A Summary of Integrated Nursing Theory, New York: McGraw-Hill Book Company, 1975.
- Fox, David. Fundamentals of Research In Nursing. New York: Appleton-Century-Crofts, 1976, 3rd edition.
- Hilgard, Ernest R. and Gordon H. Bower. Theories of Learning. (4th ed.) Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1975.
- Knowles, Malcolm S. The Modern Practice of Adult Education: Andragogy Versus Pedagogy. New York: Association Press, 1970.

McDonald, Frederick, J. "The Influence of Learning Theories on Education", The Sixty-third Yearbook of the National Society for the Study of Education, Chicago: The University of Chicago Press, 1964.

Mink, Oscar G. The Behavior Change Process. New York: Harper & Row Publishers, Inc., 1970.

Morgan, Clifford and Richard King. Introduction to Psychology. (3rd ed.) New York: McGraw-Hill Book Company, 1966.

Reilly, Dorothy, Teaching and Evaluating the Affective Domain in Nursing Programs, 1978.

Riehl, Joan and Roy Callista. Conceptual Models for Nursing Practice, New York: Appleton-Century Crofts, 1974.

Rogers, Carl R. Freedom To Learn: A View of What Education Might Become. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Travers, Robert M.W. Essentials of Learning. (3rd ed.) New York: Macmillan Publishing Co., Inc., 1972.

U.S. Department of Health, Education and Welfare, "Modeling", A Review of Evaluation of Nursing Productivity, Maryland: Bethesda, November, 1976, Publication No. HRA

Walsh, Mary and Helen Yura. The Nursing Process. (4th ed.) New York: Appleton-Century Crofts, 1979.

JOURNALS

Aradine, Carolyn and Karen F. Pridham. "Model for Collaboration." Nursing Outlook. October, 1973.

Carranzo, Elihu. "A Model for Intercultural Studies." Community and Junior College Journal, October, 1978.

Cooper, Signe. "Continuing Education: Yesterday and Today." Nurse Educator. January-February, 1978.

Frandsen, Phillip. "Basic Building Blocks for Century's End Continuing Education." Adult Leadership. June, 1978.

Hackman, Gloria. "Continuing Education: How Can You Make The Most of It." Nursing 78. December, 1978.

Haglund, Alma. "An Economic Model For Selective Admission." Nursing Outlook. April, 1978.

Hamner, Victoria. "A Model Relating An Adult In A Job, Interests and Needs and Continuing Education." The Journal of Con-

- tinuing Education. March-April, 1977.
- Lantz, James. "Family Therapy: Using A Transactional Approach." Journal of Psychiatric Nursing. April, 1977.
- Larig, Katie. "An Overview of Needs, Assessment Tools for Continuing Education." Nurse Educator. March-April, 1977.
- Lawson, Anton E. and John W. Renner. "Teaching for Thinking: A Piagetian Perspective." Today's Education. Washington D.C.
- Mager, Robert F. Preparing Instructional Objectives, Palo Alto, California: Pearson Publisher, 1962.
- Marenco, Edwards. "Continuing Education in Nursing as an Enterprise." The Journal of Continuing Education in Nursing. July-August, 1978.
- McNally, Jeanne, "A Resource Model for Continuing Education in Nursing." The Journal of Continuing Education in Nursing. July-August, 1978.
- Patterson, Gene and Rowland, Thomas. "Toward a Theory of Mental Retardation Nursing, An Educational Model." American Journal of Nursing. March, 1970.
- Quiring, Julia. "A Model for Curriculum Development in Nursing." Nursing Outlook. May-June, 1978.
- Slimmer, Lyda W., "Use of the Nursing Process to Facilitate Group Therapy." Journal Psychiatric Nursing and Mental Health Services. February, 1976.
- Smith, Carol. "Planning, Implementing and Evaluating Learning Experiences for Adults." Nurse Educator. November-December, 1968.
- Spikes, Frank. "Planning Continuing Nursing Education Programs, A Guide for the Practitioner." The Journal of Continuing Education in Nursing. SeptemberOctober, 1978.
- Story, Betty. "The I Am Model for Retention of Minority Nursing Students." Nurse Educators. November-December, 1978.
- Strauss, Mary. "Quality Assurance and Nursing Education." Nurse Educator. March-April, 1978.
- Symth, Kathleen and McMahon, Judy. "A Workshop Approach to Continuing Education." Nurse Educator. November-December, 1976.

Taylor, Ann. "Decision Making in Nursing: An Analytical Approach." Journal of Nursing Administration. November, 1978.

Thomas, Lauraine. "Perspective Education." Nursing Outlook. July, 1973.

APPENDIX A

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NAMES OF PROGRAMS ASKED TO SHARE CONTINUING EDUCATION MODELS

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Ms. Onalee Johnson
Coordinator of Continuing Ed.
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Ms. Karen Conley
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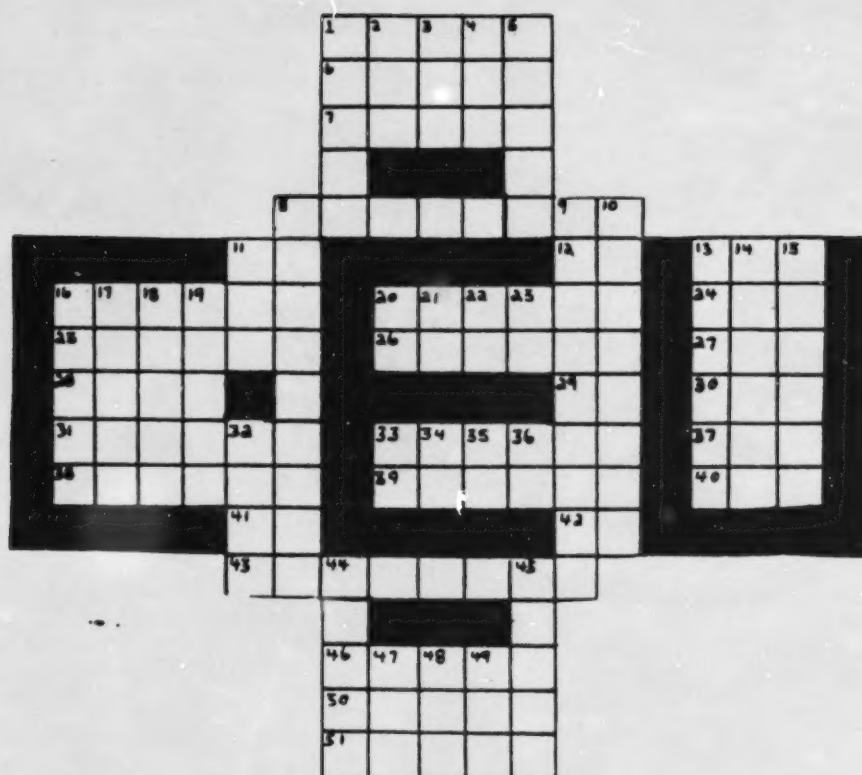
Ms. Barbara Mills
Coordinator Continuing Ed.
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Ms. Margaret Ann Chatham
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APPENDIX B

A MODEL TO GUIDE THE PRACTITIONER IN CONTINUING EDUCATION PROGRAMS



Phase I

Introduction

Presented is a model for Continuing Education programs that incorporates elements and sub-elements that are essential for the delivery of well planned programs for nurses. This model consist of five phases; introduction, adviscry committee, goals, objectives and delivery system. Each phase was structured to give support to another and to conceptualize parts into a whole. The model was developed because of the establishment of the program to give purpose and directions to nurses as practitioners. The program was established through the interest of Mr. Harry Rice, Director of Development. He was the prime mover in establishing this program.

The program was placed in the nursing department and is reflected in the organizational chart of the College. (Appendix C) The Nursing Faculty also played a major part in this program. Their role was magnified through the philosophy and objectives that laid the foundation for its' development. For the purpose of this study, the philosophy and objectives of the faculty for continuing education in nursing are acknowledged and presented.

We, the Faculty of the Department of Associate Degree Nursing, agree with the philosophy and objectives of John C. Calhoun State Community College and function within its policies.

We believe that nursing is a dependent, independent collaborative process of the nurse interacting with man and other members of the health team to affect his optimum level of wellness along the health-illness continuum. We further believe nursing care is individualized and can occur in all settings.

The purpose of nursing activity is to promote man's health seeking and coping behaviors as he strives throughout life to remain a unified whole, biologically, psychologically and sociologically in an ever changing environment. Man is vulnerable to the stresses of his environment and contains a finite amount of energy to expend in adaptation.

We believe man functions in social systems with the family as the basic unit. It is further believed the society in which man exists provides values, beliefs and mores which give direction.

We believe that continuing education should take place within the institution of higher education and reflect the philosophy of the institution.

We believe that continuing education is an educational program that consist of planned organized learning experiences to meet specific learner objectives. Experiences designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice.

We believe that participants in continuing education offerings bring many resources with them and that all participants can learn from each other.

We believe that nurses must assume responsibility for self-improvement, self-evaluation for professional growth.

We believe that all individuals have the right to achieve self-actualization and society has the obligation to provide opportunities for this achievement. We believe that learning is continuous throughout the life cycle and is an active process that results in a change in behavior. We further believe that learning takes place within the learner, therefore, self-understanding and self-evaluation are emphasized. With this belief in mind, we set forth the following statement:

1. Learning is meaningful when there are goals.
2. Learning is enhanced when the climate is non-judgemental.
3. Learning is meaningful and lasting when there is opportunity for application.
4. Learning proceeds from the familiar to the new and from the concrete to the abstract.

5. Learning takes place when the learner is motivated by an awareness of his own needs.

We believe that educational and personal development occurs by:

1. Planning for continuing growth by participation in continuing education programs and reading current nursing literature.
2. Evidencing self-direction and self-evaluation.
3. Recognizing own capabilities and limitations.
4. Supporting professional organizations in nursing.
5. Assuming responsibility for own actions.
6. Understanding his/her role and responsibility within the health care delivery system.
7. Supporting the ANA Code of Ethics.

The program, so well worth the value in time and money invested, was in need of a model to aid the director in the development and the offering of quality programs to participants. Therefore, this model was designed to serve as a guide to nurses involved in continuing education programs. It portrays a dedication to the program of continuing education and the needs of nurses.

The model was structured to identify and graphically illustrate the major elements (community, advisory committee, needs, goals, objectives, planning, implementing, evaluating) of their interrelationships to each other with emphasis on the learning needs of the nurse to utilize the knowledge and skills to implement good nursing care. This interrelationship is graphically indicated by the double-headed arrows that represents inputs and linkages which relate both to

each other. This interrelationship also pulls concepts together and considers the needs of the client in a holistic manner.

The purpose of the model was to give directions to the development and delivery of continuing education programs. It related the adult in a job to that adult's interest and needs as viewed by himself and others. The arrangement of this model represented phases which served as a structure. Below is a chronological sequence of activities which gave directions in planning and delivering effective continuing education programs.

I. Planning the Workshop

- A. Assessing Needs
- B. Specific Objectives
- C. Selecting Resources
- D. Designing Activities
- E. Budgeting
- F. Making Arrangements
- G. Consultation with Workshop Leaders

II. Conducting the Workshop

- A. Briefing
- B. Reviewing Objectives
- C. Setting Up
- D. Setting Learning Climate
- E. Directing Activities
- F. Closing the Program

III. Evaluating the Workshop

- A. Process
- B. Outcome

These activities structured into this list served as a check list to make sure all activities were taken care of and in the proper manner before the program.

The relationship of all the elements of this model from the societal determinants (input) to evaluation (output) was interdependent, one with the other, to achieve mutually identified goals: goals that not only identified needs of a population but one that embraced the interrelatedness of purpose and strategy and extended into final evaluation activities.

It is suggested that those persons who review and use this model do so only when the more global needs of the community are embraced rather than merely planning continuing education programs. In short, review the global needs of the consumers in the community and let these needs dictate the health care to be provided.

It is hoped that each client will examine and utilize this model, in the manner in which it was presented, will derive personal benefits as an adult learner, and that each will be able to use it in a step-by-step manner to progress in a logical and organized manner to achieve his/her desired goals.

Phase II

Population and Setting

The population was identified from specific geographic areas in the North Alabama area served primarily by the college. The population consisted of registered nurses and licensed practical nurses. Nursing students were permitted to attend the workshops when space was available. The population that the program was designed to serve was adhered

to very closely. The nurses were employed in various agencies and positions. The first group, the majority one, was of nurses employed by participating hospitals as staff nurses. The second largest group attended, functioned in a supervisory capacity in institutions-hospitals, nursing homes, public health agencies. The third group were nurse educators whose primary responsibility was in special areas such as classroom teaching and/or community inservice programs. Also included were nurses not practicing who wanted to maintain and/or add to current knowledge and skills before returning to practice. From the diversity of participants we find continuing education is increasingly a reality of life to all nurses.

In developing a framework for the Continuing Education Program, major supportive elements served as a structure for supporting and defining the part of a whole. The program had to have a setting for its beginning as well as people who needed the services offered through it's programs.

The major elements (figure 1) of the conceptual framework from which learning takes place are:

1. Environment
2. Nurse (Client/Learner)
3. Goals

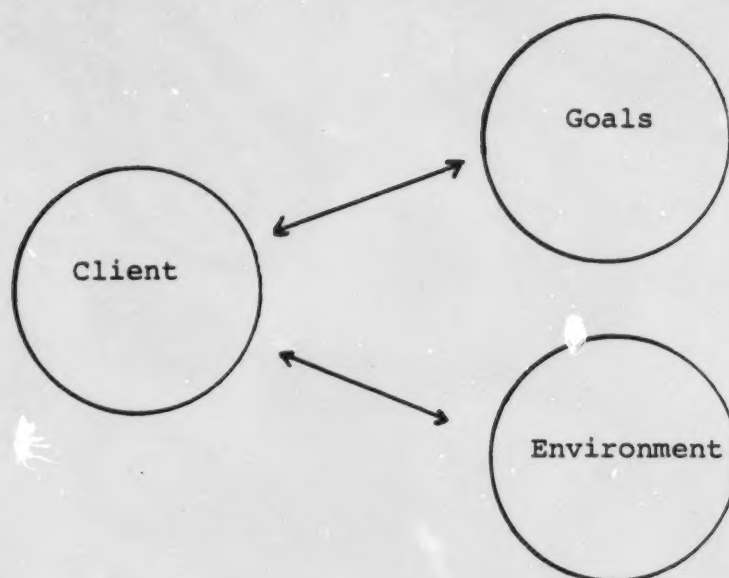


Figure 1
Conceptual Framework

These are the elements necessary to begin the program. The clients or learners were the nurses who made up the population. They gave the nursing care and were the persons who had the needs. The environment was the setting where the programs took place. Many factors had an impact on the environment. Some of these factors were social, geographic area, political and the professional impact to maintain standards. The arrows designed to point both ways indicate that they are open ended and the value of one element is mutually dependent on elements of others.

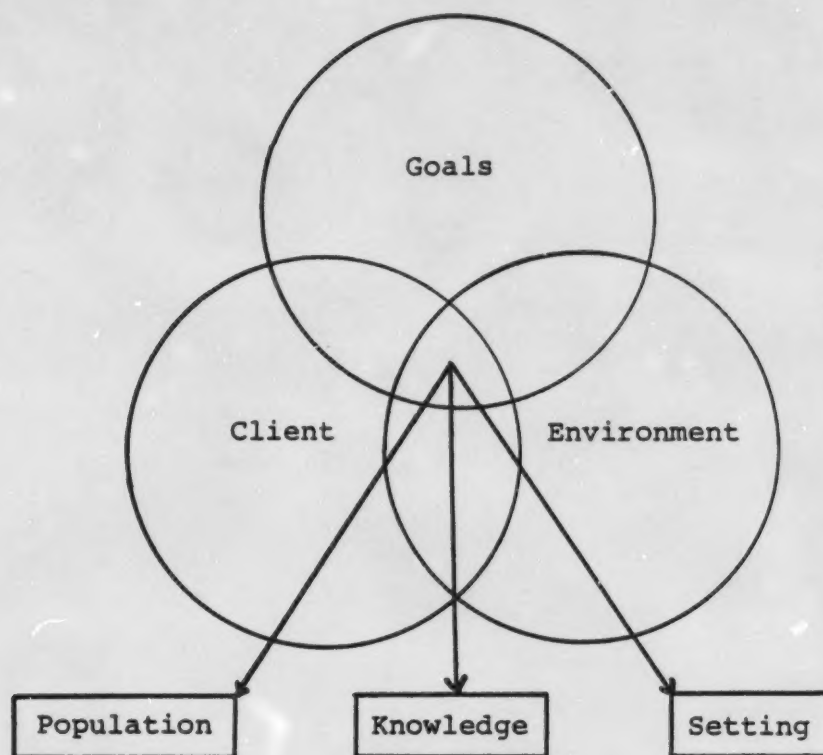


Figure 2

Conceptual Framework
Population, Knowledge and Setting

The interrelationship of one element to another is shown in Figure 2. Cohesiveness between the three is noted by the overlapping of the circles. The clients, who by their desire for an accomplishment of specific goals to gain new knowledge or add to existing knowledge, indicate a conceptual framework which has fused six (6) elements into one whole. Figure 2 has actually put parts into a whole and conceptualized it into meaning.

The clients, their goals to be reached in their respective environments, were derived from the population

knowledge and setting. The clients came from a population which consist of nurses in the North Alabama area. They were mainly from Madison, Morgan, Lawrence, Jackson, Limestone, Marion, Winston, Lauderdale, DeKalb, Marshall, Colbert and Franklin Counties. The population consisted of 3,412 nurses, 2016 registered nurses and 1396 licensed practical nurses.

The main element of the goals was acquiring knowledge. Nurses wanted to be kept up to date in theory and skills. They wanted to learn, to be motivated, to be challenged and to be kept current in their profession.

The setting was the resource facility where the clients attended the programs. Environmental factors were the prime influence on the setting.

Phase III

Advisory Committee

Forming an advisory committee was essential and vital to the Continuing Education Program. The committee related in a direct manner with the community and the college and served as a liaison between the two. It's primary purpose was to collectively advise the nurse educators; to provide the coordinator and director with ideas for programs; to ascertain the health needs of the people and the educational needs of nurses. Other specific functions of this committee was to: determine community resources, offer suggestions in planning for programs, and assist in the exchange of accurate

information concerning program offerings and the pros and cons of the continuing education issue of mandatory vs. voluntary continuing education.

The qualifications for membership of individuals on the Continuing Education Advisory Committee were very important. The criteria served to select those individuals that were qualified, interested, and committed to a goal. Efforts were made to select representatives that indicated a cross section of organizations in the community of various geographical areas.

The following criteria was used for selecting individuals for membership on the advisory committee:

1. Character. Members should exhibit good interpersonal relationship with others and a strong sense of responsibility; be civic-minded and fair-minded. They should be persons who had the respect, confidence and admiration of their associates and community.
2. Experience. Members should have had successful experiences in the area being served, whether directly or indirectly related.
3. Interest. Members should be interested in serving on the committee. Each member should maintain close contact with the continuing education and the nursing programs, and with the college and community.
4. Adequate Time. Members should have adequate time to attend meetings and become acquainted with the needs of the various programs and institutional goals.

The establishment of this special program gave the public the opportunity to ask questions, visit the college to see what was being offered and what and how things were done. The committee felt that the only time the community visited the school was for special occasions and this did not lend itself to much time. Indirectly, this arrangement gave

assistance to the departments or public relations and recruitment. It was generally agreed that greater ease and success in relating to each other and enhanced from the cooperative successful efforts of both the advisory committee and the college.

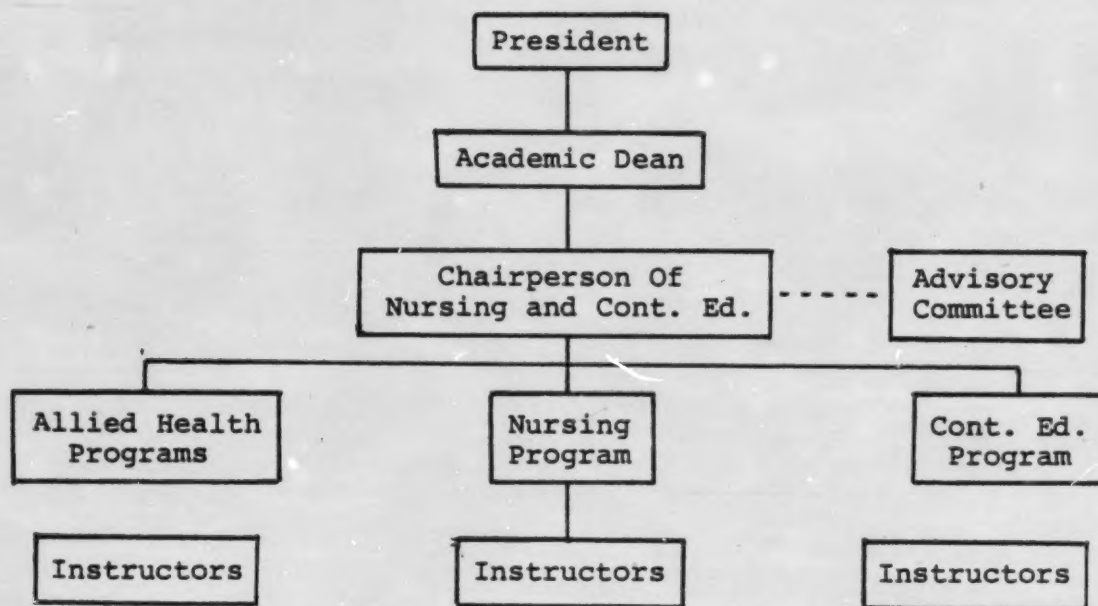


Figure 3

Schematic Presentation Of The Nursing Department
Organizational Chart
Nursing Education and Continuing Education

This organizational chart (Figure 3) is a schematic presentation showing the organizational structure of nursing at the division level and the relationship of the advisory committee in it. The placement of the advisory committee indicated that the committee was directly accountable to the Director of Continuing Education. This type of contact

enabled Calhoun to adequately meet the needs of the surrounding communities.

Calhoun Community College filled a basic feature of the public junior college in that it served a special need to its own community. It provided the public with a better knowledge of the interrelation between the college and the community, a clear conception of the various types of programs and the level of competence for each.

The interaction of the community to the advisory committee is represented by Figure 4. The second circle shows the external determinants: funding source, institution requirements, professional associations, and the individual's and society's needs and their relationship to each other. The double headed arrows show how the parts relate and interrelate to each other. Special consideration was paid to each of the determinants (planning, implementing and evaluating) during the delivery system. Institution requirements were determined by Calhoun Community College. They were:

1. to manage the money as dictated by federal and state guidelines and
2. to be responsible for the overall operation of the program with quarterly reports to the dean of the college.

Professional associations, the second determinant, have established standards for continuing nursing education. They are the American Nurses Association Council, The National Accreditation Board and the National League for Nursing. Calhoun's programs met the standards of the American

Nurses' Association. (Appendix D) The nurse's association was and still is one of the main reasons continuing education for nurses is a national issue.

A third determinant was funding. The funds were received from a grant that was submitted as a special project to the U.S. Department of Health, Education and Welfare. This funding source answered the question, "how the college could present its clients with continuing education?". Funding came after the needs were assessed, objectives formed and learning activities specified. The grant provided money for a director, coordinator, secretary, audio-visual assistants, work study student, supplies and equipment, consultant's fee, travel and lodging expenses. The director and coordinator's expenses were paid for attendance at local, state and national professional meetings.

Society and individual needs were both important to the client. Society sets the standards and people govern themselves accordingly. Society's needs and the individual's needs overlapped because individuals wanted job satisfaction and personal satisfaction. Society wanted well qualified nurses to take care of people with health problems. Society also was concerned about nurses meeting the state's requirements for continuing education units, therefore, society's concerns were mainly job satisfaction coupled with competency. Clients were continually attempting to meet the total needs necessary to accomplish job and personal satisfaction.

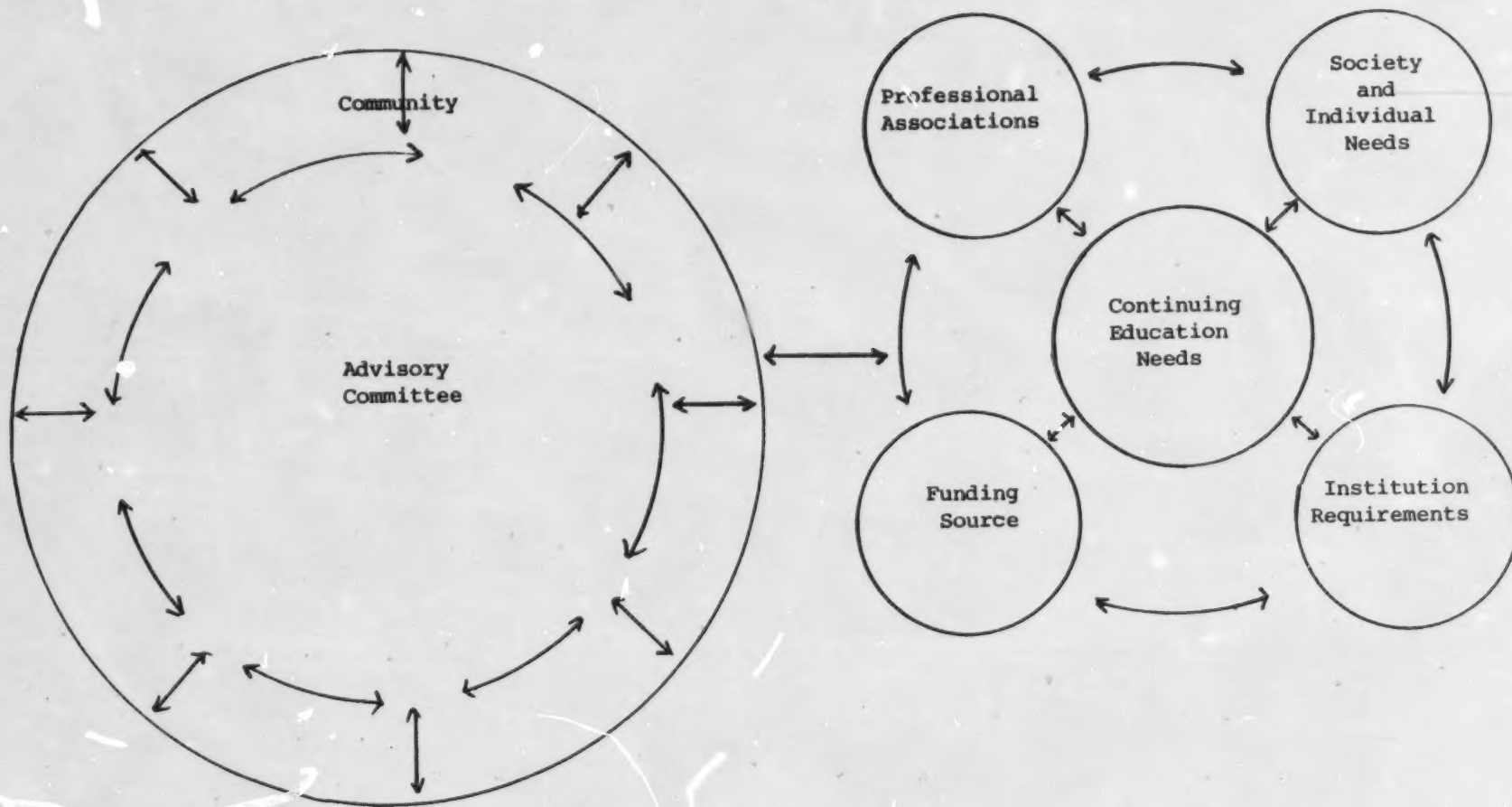


Figure 4

Continuing Education Needs and Their Determinants

This type of structure was viewed as an integrated activity, one which pulled concepts together and one that considered the needs of the clients. The structure also provided satisfaction for the consumer and the delivery of the essentials of continuing education services.

Phase IV

Goals and Objectives

In this study, goals and objectives were placed under a separate phase, because of their importance. Nevertheless, it should be noted that goals and objectives provided the foundation for the planning element. Goals for programs were stated in global but general terms. They encompassed the ultimate aim of the individual's intent and accomplishment.

Example: The goal of this model is to give direction and purpose to nurses who participate in the continuing education process.

Goals served as a motivating factor to participants. They wanted to learn, to be motivated to achieve personal satisfaction and job satisfaction.

An objective is a written statement of the intended change in behavior. Objectives flow from goals. The use of objectives helped to reinforce the continuity of the goals to the philosophy of the program, to the objectives of each program offered. They also served to inform participants of the competencies that particular programs were expected to develop. Thus enabling clients and consultants to assess at what point they were, where they were going, how to get there

and what behaviors were expected as a result of the learning activities.

Objectives were written for all programs offered and several approaches for stating objectives were considered.

They were:

1. The Instructor Oriented Approach. In this approach the teacher may feel that an objective has been reached when prescribed materials have been covered.

Example: The Teacher will explain the causes of infection.

2. The Activity Oriented Approach. In this approach the teacher tends to feel that the objectives have been reached when the student has participated in all the activities with a reasonable degree of involvement.

Example: The student will discuss the causes of infection.

3. The Learning Oriented Approach. In this approach the teacher describes in general terms the concepts and skills the student is to master, but what is meant by "master" is not clear.

Example: The student will learn the causes of infection.

4. The Behavioral Oriented Approach. In this approach the teacher identifies the learner, diagnose difficulties and prescribe measures. This approach was used in developing objectives for this model. Behaviors were observed and evaluated. Specific long-range behaviors were analyzed and broken down into short range components and they determined the content of the programs and learning activities. The objectives on all the programs were stated within one or more of these categories: knowledge, comprehension, application, analysis, synthesis and evaluation. This approach also enabled the researcher to see the learning process with a clear perspective because:

- a. Teaching methods were used to effect learning.
- b. Clients showed a behavior change.
- c. Learning was emphasized based on the philosophy and specific chosen objectives. The philosophy and objectives served as criteria in making educational decisions.

Objectives were stated in a manner so that specific learning outcomes were described. (appendix E) Objectives stated with a greater degree of specificity included important conditions and the level of acceptable performance of the behavior desired. The content and learning task influenced the degree of specificity which the consultants and educators wanted to define in stating objectives.

To construct a behavioral objective the educator used the following model:

As a result of this learning experience
the participant will:

1. list five concepts of learning and teaching.

or

2. describe the signs and symptoms of pregnancy during the first trimester.

In this example an active verb is included as well as a precise description of the expected observation behavior. As a result of the use of behavioral objectives several advantages were realized. Behavioral objectives:

1. Emphasized the consultant's role as a facilitator of learning.
2. Assisted the consultants in arranging content presented.
3. Facilitated evaluation to be easier, clearer and more meaningful.
4. Allowed evaluation to be objective.

5. Facilitated communication between the consultants and clients.
6. Provided the researcher with a mechanism that determined the adequacy of the instructional phase of the programs offered, and
7. Enhanced communication between the faculty and consultants because of the collaboration which occurred in defining and revising objectives.

The following are characteristics of the behavioral objectives used in stating objectives:

1. The statements described what the learner was able to do as a result of the learning experience.
2. The essential characteristics of the desired behaviors were stated explicitly.
3. The statement clearly specified the conditions under which the learner performed the behavior.
4. The behavior required was applicable to the ability and development level of the client.
5. The behavior was observable.
6. The behavior was evaluated.

Behavior objectives were considered a valuable part of all the programs and the learner was taken into consideration in the planning and stating of such objectives. In addition, the learner's motivation toward the commitment and the attainment of these objectives was secured, not just with regard to the acceptance of objectives alone, but in the selection of the design of learning experiences that met those objectives.

Phase V
The Delivery System
Planning

The Delivery System of this model consist of three major elements: assessing, planning and evaluating. Each element relates and interrelates to each other. Figure 5 shows planning as a separate element but with sub-elements. One sub-element was just as important as the other in planning for a successful program.

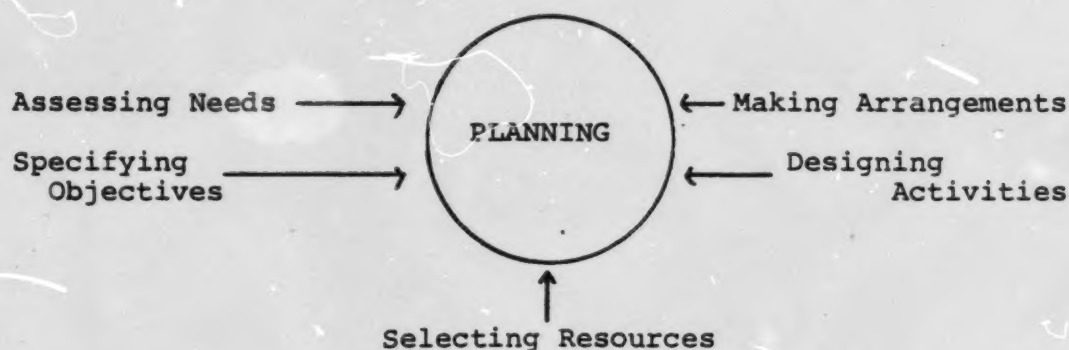


Figure 5

The Planning Element
And Sub-Elements

Planning was considered the foundation to the delivery system of the Continuing Education Program. To plan, the following outline was helpful:

1. Assessing Needs
2. Specifying Objectives
3. Selecting Resources
4. Designing Activities
5. Making arrangements

Nurses who participated in these programs were adults, thus, the concepts of adult education were taken into account when planning, implementing and evaluating the programs.

Clients displayed the characteristics of an adult learner:

1. Initiative
2. Self-Direction
3. Inquire
4. Ability To Think Critical

These characteristics were considered in developing programs. First, nurses were continuing their learning. Secondly, they had already obtained the basic nursing skills and now they wanted to increase their level of competency. They now have more experience, are able to abstract and synthesize and have insight into their learning needs - needs that were immediate and concrete.

An initial assessment (survey type) was conducted prior to the planning phase. The identification of needs were obtained (Appendix F). The planning phase, the first phase was concerned with planning for the programs. Everything was planned and examined in this phase. This phase, the planning phase of each program began and continued with the identification of needs. Nurses educational needs were influenced by various societal factors. The needs assessment was done to provide substantial data to construct the various programs and to keep the individuals motivated. The identification of needs was also the key to effectively identifying the population served as a guide to the identification of desirable educational objectives. The needs

assessment made it possible to develop and document needs that were relevant to the needs of potential participants.

1. Advisory Group
2. Attendance at Professional Meetings
3. Check list
4. Observations
5. Spontaneous expressions
6. Minutes of meetings

Needs constantly changed, therefore assessing needs was an ever present concern in planning continuing education programs.

Assessing needs served at least four major purposes:

1. It gave direction
2. It gave a place to begin
3. It answered the question "why?"
4. It created a level of accountability for nurse educators.

The goals and objectives that were in phase IV played an essential role to the delivery system and a major part in the planning phase. This phase is where they were really considered.

In addition to the assessment of needs and the stating of goals and objectives, there were other important things that were just as important in this phase. Selecting resources which were based on the type of programs presented, seating arrangements, needs assessed, format used, and number of participants. Consultants were contacted by letter asking

them what type of seating arrangement would be best and what they would need to conduct the workshop and based on this arrangements were made.

In designing the activities programs to be presented were decided on priority of the needs of the clients. Persons who served as consultants were chosen on the basis of their expertise in these chosen areas and their willingness to participate. They were selected from a list that was made from people suggested by special groups, professional journals, interested individuals, and contacts made at professional conferences and conventions.

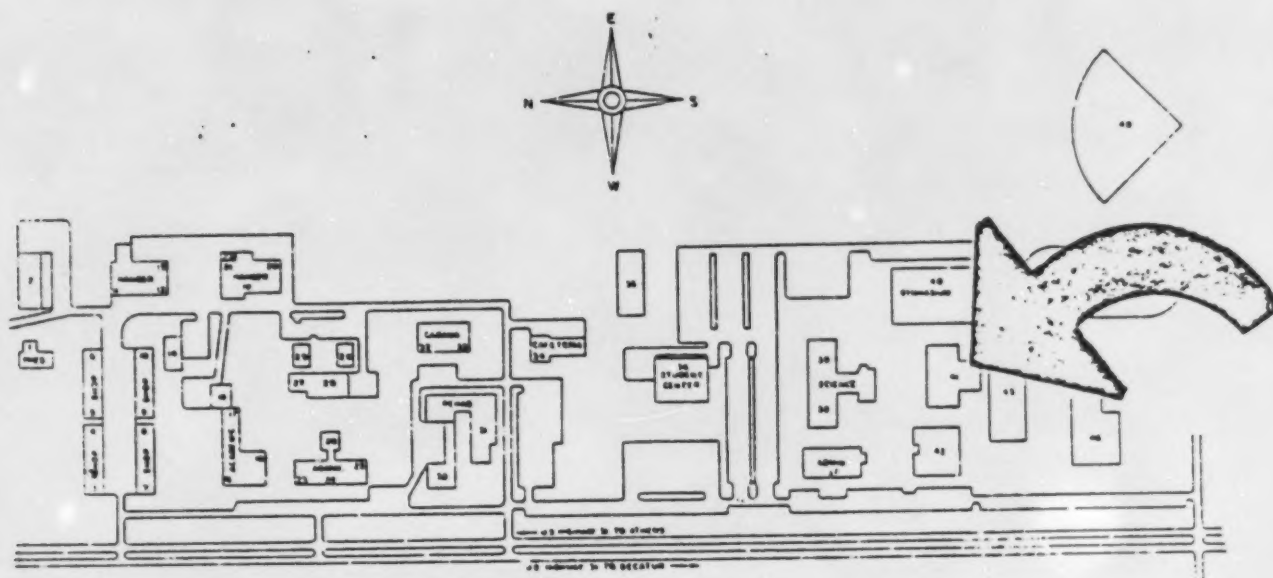
Interest for attending the programs offered by the consultants was generated by radio advertising, television, newspaper articles, printed announcement through the State Nurses Association and Inservice Directors Bulletin. Other recognitions were made by faculty, staff, advisory committee members of North Alabama Directors Council and other friends of Calhoun. A brochure was made for all programs and many consultants were recognized in the news media. An alternate was always included in the program planning either with a speaker or with audiovisuals.

The value of the nursing faculty cannot be overlooked. In their areas of expertise they remained ready to assist. The faculty served as the extra support system for these programs. Each faculty member was qualified and had conducted inservice programs, seminars, or workshops for other agencies. Each faculty member had been involved in

one form or another of research. The lab instructor designed many of the covers for the brochures.

In the planning of arrangements for clients to attend the programs, a map and pre-registration slip was sent them. The map was published on the brochures giving directions to the building. (Figure 6) The map facilitated easy location of the facility where programs were held.

Figure 6 - Campus Guide



- | | | |
|--------------------------|-------------------------|---------------------------------------|
| 1. President's Home | 17. Barbering | 33. Cabanas |
| 2. Warehouse - Central | 18. Watch Repair | 34. Cafeteria |
| Receiving | 19. Auto Mechanics | 35. Academic Building |
| 3. Radio & T.V. Repair | 20. Diesel Mechanics | 36. Student Center - Book Store |
| 4. Sheet Metal | 21. Maintenance, Bus | 37. Administration Building - College |
| 5. Machine Repair | 22. Small Engine Repair | 38. Science |
| 6. Tool Making | 23. Business Education | 39. Engineering |
| 7. Electricity | 24. Administration - | 40. Kelley Gymnasium - Health & |
| 8. Refrigeration- Air | Occupational | Physical Education |
| Conditioning | 25. Printing | 41. Shelton Health Building |
| 9. Office Machine Repair | 26. Auditorium | 42. Brewer Library |
| 10. Cabinet Making | 27. Child Care Center | 43. Tennis Courts |
| 11. Upholstery | 28. Agri - Business | 44. Law Enforcement |
| 12. Auto Body | 29. Greenhouse's | 45. Art (Temporary) |
| 13. Welding | 30. Music | 46. Fine Arts Building |
| 14. Art (Temporary) | 31. Tennessee Valley | 47. Track |
| 15. Technical Drafting | Rehabilitation Center | 48. Baseball |
| 16. Cosmetology | 32. Security | |

A pre-registration slip was sent after clients had responded as to what day and time they wanted to attend the programs. This slip was sent to each participant and it either confirmed an opening or did not confirm it based on the maximum number of participants that had already responded to fill it. (Appendix G) Clients were asked if they could be placed in another session to accomodate them.

Implementation

After funds were received and all the planning done the next step was to implement the program. Implementing, the second element of the delivery system, also had sub-elements; sub-elements that dealt with the actual conducting of the programs in an organized and systematic manner. This phase put the planning into action.

The following is a list of important things that were checked and carried out prior to conducting planned programs after the briefing process. Briefing was done with the faculty and staff on what had to be done and how to do it prior to each program. This involved making sure each person had a copy of the program and that each person was aware of which role to play, what to say and when to say it. This part was as important at the end of each program as it was at the beginning. The researcher or coordinator thanked the participants for their attendance and thanked the consultants for conducting the program. Announcements of future programs were made at this time. The future success of other programs depended on how participants were greeted, because a first impression influenced individuals as to whether they wanted to return.

Consultants were also briefed either the day before the program or the morning of the program. Most consultants arrived the day prior to conducting the programs. The coordinator or director met each consultant at the airport and/or hotel upon arrival.

This type of arrangement facilitated communication and the format of the program. The characteristics of the participants, their positions and responsibilities were discussed with each consultant. At this time the objectives were reviewed for clarity.

The list included sub-elements of this phase and is noted in figure 7.

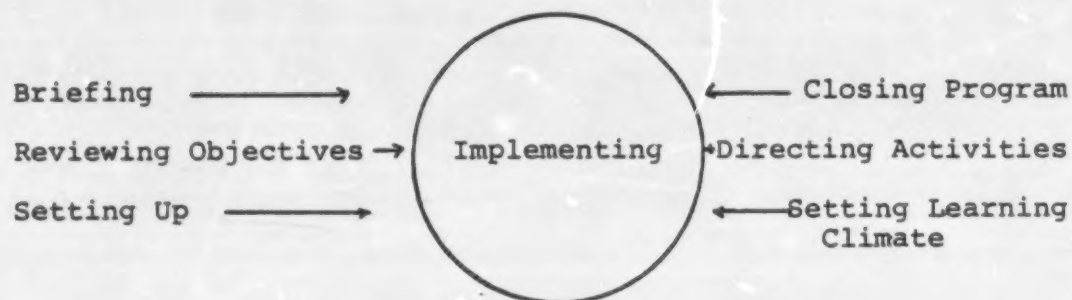


Figure 7

Implementing Element and Sub-Elements

1. Briefing
2. Setting Up
3. Reviewing Objectives
4. Setting Learning Climate
5. Directing Learning Activities
6. Closing the Program

Setting up for the programs involved checking and re-checking the list of participants. This included making sure all persons that wanted to attend provided space was available were included. Other essential things such as the correct spelling of participants' names on the list and name tags were made. Signs and notices of the programs were clearly placed at each entrance to the building.

Notification of the programs giving the dates, time and place were sent to the patrol office on campus. The patrol officers provided direction to the building and provided parking spaces for visiting participants. The switch board operator was sent the same information to answer phone calls about the programs.

Materials needed included a pointer, pencils, paper for notetaking, forms, printed materials per request of consultant and/or faculty, evaluation forms, and brochures of the program. Audiovisuals per request of the consultant were set up. Various machines were checked for maximum performance by the audiovisual instructor.

The learning climate was checked twice before each program, once the day prior to the workshop and the second on the day of the program, before it began. The rooms were checked for adequate lighting and ventilation, blackboard, visual screens, loudspeakers and charts. The workshops were held in the Shelton Allied Health Building which seated 100 or in the trade school auditorium which seated a maximum of 135 persons. Participants were also given a tour of the entire campus when possible. Participants visited and made use of many other buildings during their visit to Calhoun. Some of these highly specialized buildings are:

Agri-Business Building. The Agri-Business Building houses the facilities for the specialized courses in the Agri-Business area.

Albert P. Brewer Library. The Albert P. Brewer Library facilities accommodates the new learning resources equipment. The library houses a collection of over 30,000 books, periodicals, and audio-visual materials and contains a central reading room, periodical area, language and reading laboratories, a Calhoun room, conference room, career opportunities lab, and a developmental learning center.

Bookstore. The Calhoun Community College Bookstore is located in the Student Union. Students may purchase textbooks, supplies and course-related materials from the Bookstore. In addition to academic materials, students will also find a selection of non-academic items.

Carlton Kelley Gymnasium. The Carlton Kelley Gymnasium is a modern physical education center incorporating the latest in physical education equipment. Capable of seating 4,000 spectators, the building features a large central activity room, an olympic swimming pool and adequate dressing facilities for physical education classes and intramural and intercollegiate athletic teams.

Child Care Building. This building is a modern center which houses the education courses of child technology and the pre-school and kindergarten programs.

George C. Wallace Administration Building. The Calhoun Administration and some Administrative Staff Offices are located on the first floor of this building. The Business Division offices and assorted classrooms are located on the second floor of the Administration Building.

Harris Building. This Building is a two-story facility that houses classroom and office space for the English and Speech Department and Social Science Division.

F.O. Smith Cafetorium. The F.O. Smith Cafetorium provides both full-course and short order meals. Auditorium space is also available for school and community functions.

Fine Arts Center. This facility is in the planning stage with a projected date of completion June 1, 1979.

Occupational Division. The Occupational Division of the College is housed in ten buildings which have been specifically designed and equipped to facilitate the occupational classes and activities.

Rehabilitation Center. A State Vocational Rehabilitation Service Office located on the campus proves invaluable for student referrals. This office maintains a library which may be used by students who are in need of reference material concerning handicapped individuals. Additional information pertaining to the Vocational Rehabilitation Service may be secured from the Student Personnel Office.

Science Building. The Science Building provides laboratory, classroom, and office space for Physics, Chemistry, Biology, Electronics, Mathematics and Radio-TV Broadcasting. The building has been enlarged to accommodate staff offices and the Data Processing Center.

Shelton Health Building. The Shelton Health Building is a modern and well-equipped facility which contains the Nursing Programs, Continuing Education Program, Mental Health Program, the Medical Records Program, the Dental Assisting

program, and the Calhoun - RTI Linkage Program. A wide variety of continuing education activities for health workers are offered in this facility.

Student Center. The Student Center is a modern facility. It provides students with leisure time facilities for recreation, study, and relaxation. A snack bar is provided on the first floor.

The programs were offered in the day time from 9:00 AM to 4:00 PM and the same program was offered in the afternoon and evening from 2:00 PM to 10:00 PM. This arrangement provided time for nurses on all shifts to attend. The following programs were offered:

<u>WORKSHOP</u>	<u>NUMBER OF PARTICIPANTS/TIME</u>
IV Therapy	37 Day 36 Evening
Role Dynamics for the LPN	38 Day 18 Evening
Physical Assessment for RN's	32 Day 33 Evening
Therapeutic Touch	115 Day 75 Evening
Family Centered Maternity Care	110 Day 60 Evening
Teaching The Adult Patient	30 Evening 75 Day

Evaluation

After implementation the next step is evaluation. Evaluation, the final element, was done to denote competence and the effectiveness of the continuing education program. It also answered the question "Were the objectives met?". Evaluation, the process of judging value by careful appraisal, was concerned with the "hows" and "whys" of evaluation. The evaluation process was ongoing and systematic. The evaluation was done from the objectives and were assessed as to the clients' ability to fulfill the objectives. They denoted specific characteristics at certain levels for specific programs. Evaluation served as a feedback mechanism for improving future programs.

Evaluation assisted in the improvement of the total program. Decisions were also guided by information provided by the practitioner from the combination of evaluation tools and methods. Inherent in the success of these programs was the continuous awareness of the changing needs of the people served; programs that were responsive to the real life situation of the practicing nurse. This reinforced the need to remain in touch with the practitioner. This was a necessity for the success of these programs. It also provided an opportunity for the researcher whose primary responsibility continues to be with the basic nursing students who one day will be that practitioner.

Several methods and tools were used for evaluation; methods that were time consuming but had been endorsed in many settings. Several tests were used including pre and post tests. (Appendix H) However, this type test was kept "low keyed", because the nurse out of formal individual testing for a number of years viewed this activity as a "threat" rather than a positive learning measure. It served as a review to participants and evaluated the knowledge clients brought with them to be measured against what they learned.

A return demonstration was another method used to ascertain the application of principles, concepts and techniques of performance. The program on IV Therapy was one of the programs that used the return demonstration method.

All programs offered for RN's were developed by the American State Nurses Association criteria for the awarding of continuing education units. Programs were also submitted for continuing education approval to the LPN Association. Both criteria were used. (Appendix I) Each program was granted a specific number of continuing education units. The results for all clients that attended the programs were the awarding of some type of recognition for accomplishment either from Calhoun or from the Alabama State Nurses Association and the LPN Association.

Members of the State Nurses Associations received Calhoun's certificate and certificates from the state associations. Non-members of the association received Calhoun's certificate (Appendix J).

Evaluation provided for process evaluation as noted in the model in figure 8.

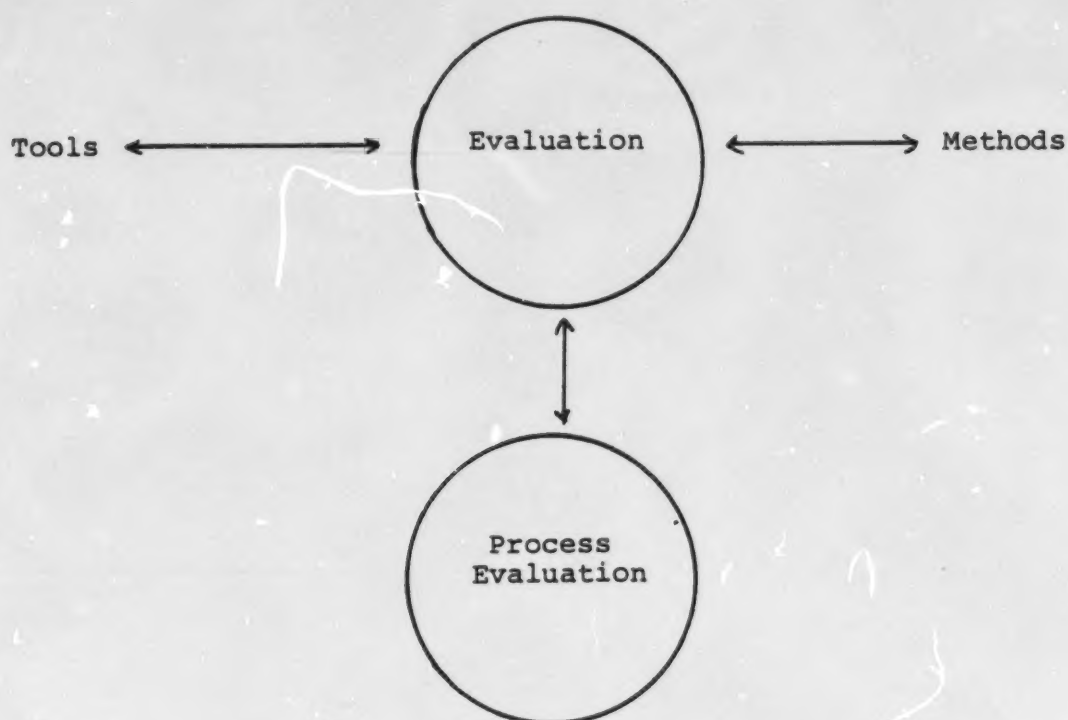


Figure 8

Evaluating Element and Sub-Elements

For process evaluation each participant filled out a form, a written evaluation tool, at the end of each workshop. (Appendix K) The tool provided a means by which it could be determined if the nurses believed that they had increased their capacity for improving practice, and how they planned to change behaviors in their practice of patient care. Clients were asked to identify problems which they anticipated encountering in their worksetting that might hinder behavior change.

Outcome evaluation could not be done at the time of this study because this is a new program. It was included in the structure of the model because of the importance it has to the college, community and future programs. Outcome evaluation will be conducted and results shared with participants. Figure 9 shows the entire model designed to give direction and purpose to the practitioner of nursing.

This model has brought together all elements and conceptualized them into a whole to meet the purpose it was designed to do. It has certainly reinforced principles of learning, which are:

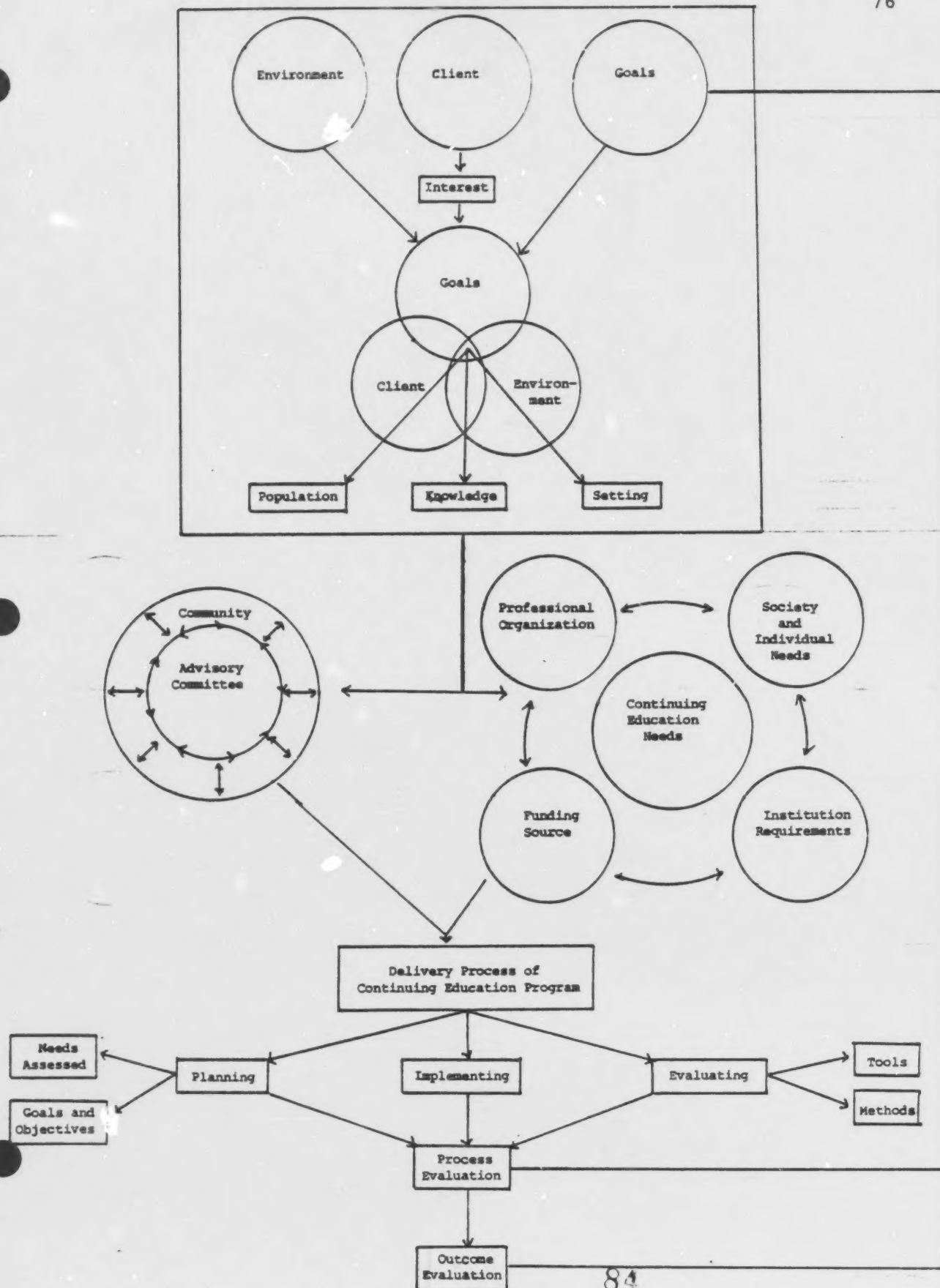
1. The learner should set goals
2. The learner should be motivated.
3. The learner should be active.
4. The learner should be able to transfer basic knowledge to situations.
5. The learner should attain the objectives.

The principles of learning will continue to evolve into outcome evaluation. The continuous involvement and interest by all concerned and especially the Nursing and Continuing Education Faculty (Appendix L) has made the model a reality. This model has given assistance to nurses in seeing the pattern of relationships and interactions occurring in the nurse-client system.

Figure 9

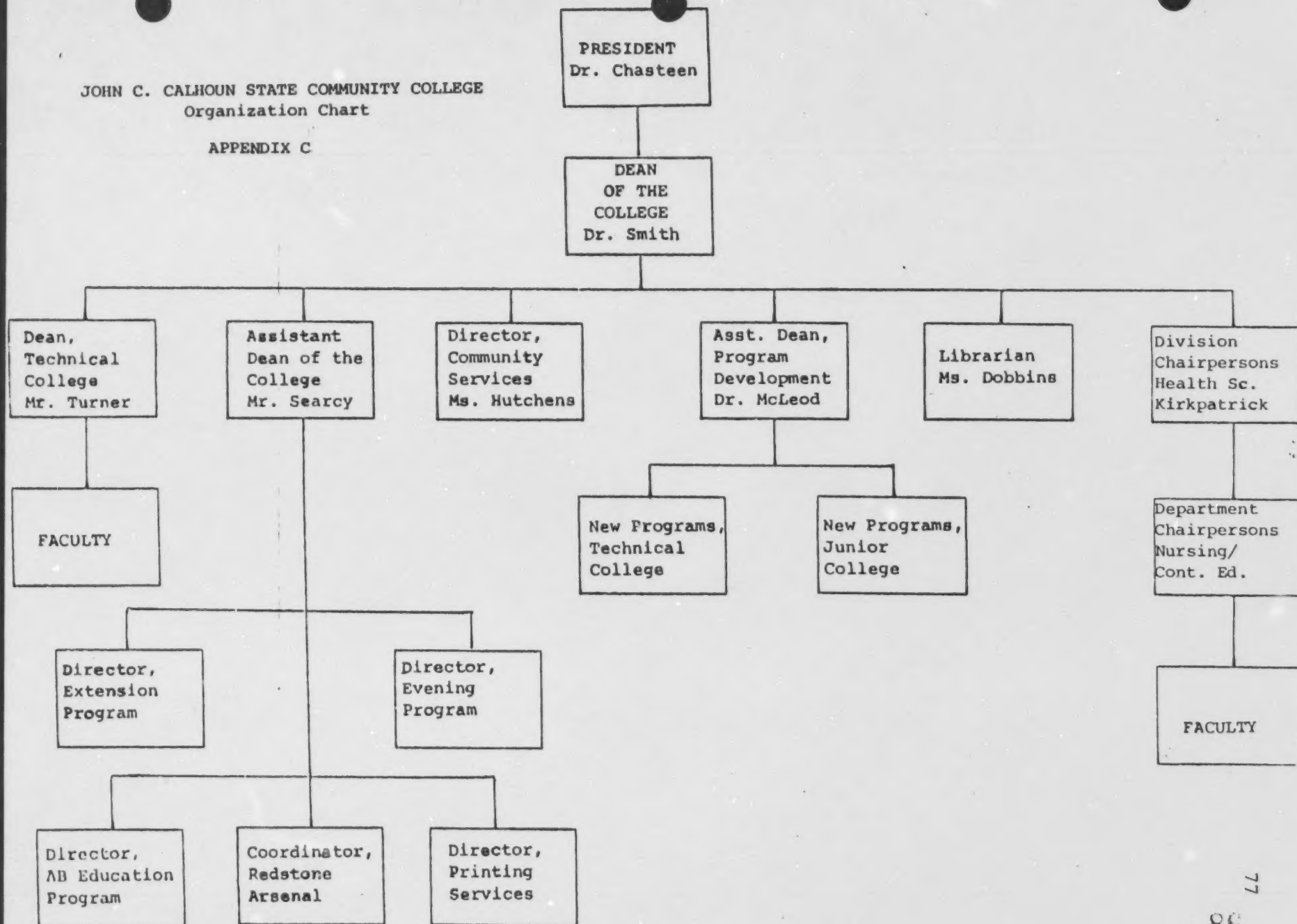
A Model Relating Nurses in Continuing Education Programs

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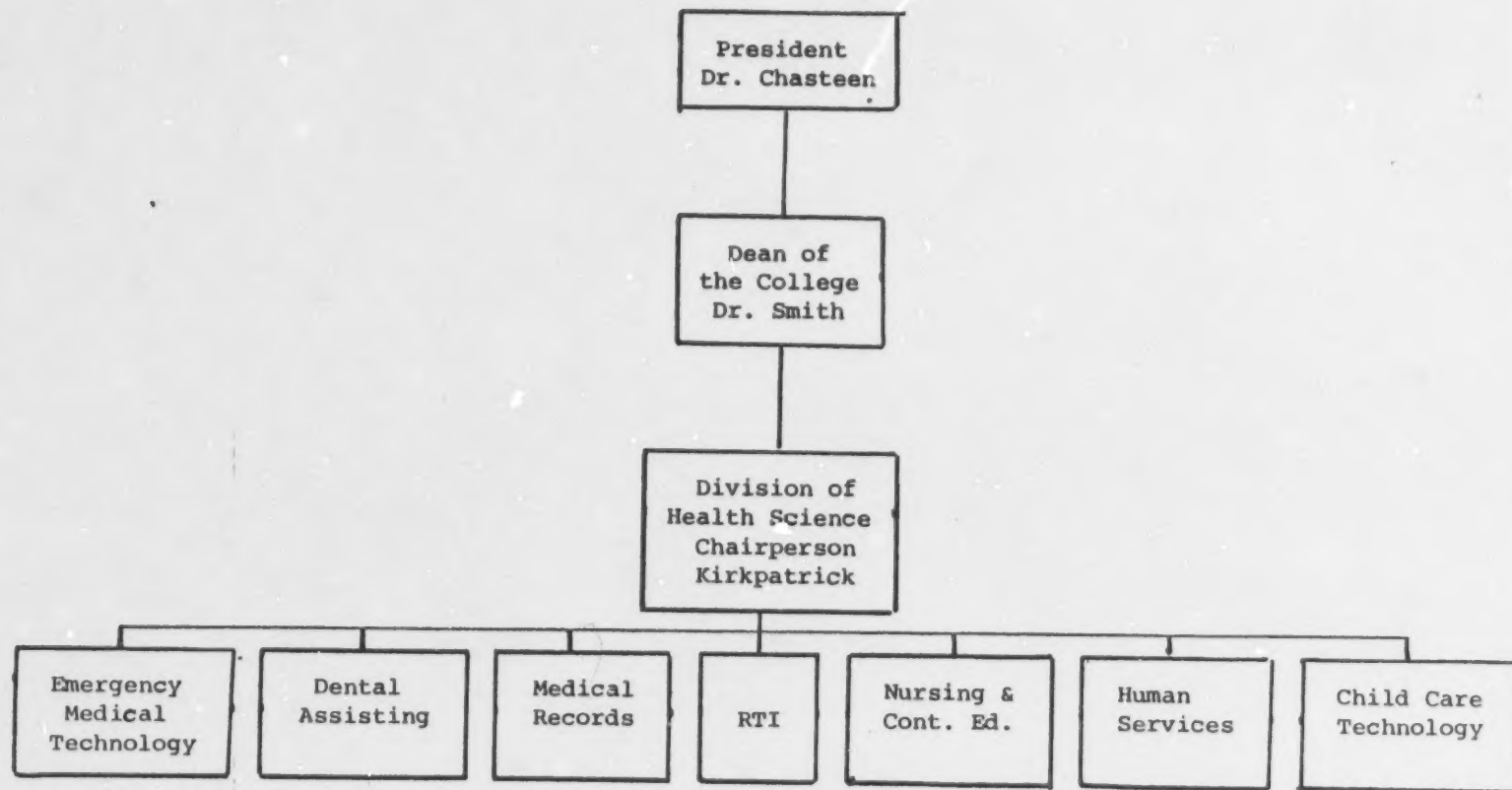
JOHN C. CALHOUN STATE COMMUNITY COLLEGE
Organization Chart

APPENDIX C



APPENDIX C

JOHN C. CALHOUN STATE COMMUNITY COLLEGE
ORGANIZATION CHART - DIVISION LEVEL



CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

Alabama State Nurses' Association
504 North East Boulevard
Montgomery, Alabama 36109

SPONSOR APPLICATION FOR OFFERING/PROGRAM APPROVAL

To the Review Committee:

(to be completed by Sponsor)

Offering/Program No.

Would you like information about your offering/program printed in ASNA Reporter? Yes _____ No _____

1. Sponsoring Institute or Agency: _____

2. Address: _____

3. Title of Educational Activity: _____

4. Duration: _____

4A. Total Contact Hours _____

(Excluding breaks, lunch and business meetings)
(50 minutes = 1 contact hour)

Dates: _____

6. Facility where Conducted: _____

7. Address: _____

8. Activity Coordinator: _____

Address if Different from No. 2 above: _____

Telephone No. _____

9. For Whom Offering/Program Planned:

a. R.N.

()

f. Employees Only

()

b. L.P.N.

()

g. Others Invited

()

c. Nurse Aide

()

Specify: _____

d. Orderlies

()

e. Others

()

Specify: _____

Continued on back page

*If offerings/programs are to be repeated later in the approval year, please notify us of the dates.

10. Number of Enrollees Expected: _____

80

11. Experience or Education Pre-requisite: _____

12. Instructor(s): _____

13. Names of Nurses and their positions included in planning if not listed above.

14. The following material must be completed before offerings/programs will be considered for approval.

1. Purpose(s)—Why is educational activity being offered?
2. Objectives—What do you want the learner to do that he/she could not do before participating in the educational activity—e.g., to perform mouth to mouth resuscitation for a period of 2 minutes.
3. Complete Content Outline—Topical outline for the educational activity to include instructor and method of teaching. Be as specific possible.
4. Reference material to include bibliography in standard form, audiovisual materials, and other references used.
5. Evaluation methods—By what methods will you evaluate how well you have met your objectives—test, quiz, return demonstration, Include a copy of tool or method.
6. Professional data of all planners and instructors involved. Should include education (both formal and continuing education) and experience which will indicate that this individual is qualified to teach this particular content. See manual.

MATERIALS SUBMITTED WILL NOT BE RETURNED. NOTIFICATION OF APPROVAL WILL BE BY MAIL.

THE REVIEW COMMITTEE RESERVES THE RIGHT TO MAKE ON SITE VISITS TO AN OFFERING/PROGRAM SUBMITTED.

OFFERING/PROGRAM DEADLINE

After May 1, 1977 offerings/programs must be submitted four(4) weeks prior to date of presentation of the offering/program. All approved offerings/programs are retained for 24 months. If changes are made in objectives or content, offerings/programs must be resubmitted. (If you want information about your offering/program printed in the ASNA Reporter, send in eight to ten (8-10) weeks prior to presentation.)

Signature & Title of Person Preparing Application

Mailing Address if Different from No. 2

Telephone No.

CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

LPN Association

SPONSOR APPLICATION FOR OFFERING/PROGRAM APPROVAL

To the Review Committee:

(to be completed by Sponsor)

Offering/Program No.

1. Sponsoring Institute or Agency: _____

2. Address: _____

3. Title of Educational Activity: _____

4. Duration: _____

4A. Total Contact Hours _____

(Excluding breaks, lunch and business meetings)
(50 minutes = 1 contact hour)

5. Dates: * _____

6. Facility where Conducted: _____

7. Address: _____

8. Activity Coordinator: _____

Address if Different from No. 2 above: _____

Telephone No. _____

9. For Whom Offering/Program Planned:

a. P.N.

()

b. L.P.N.

()

c. Nurse Aide

()

d. Orderlies

()

e. Others

()

Specify: _____

f. Employees Only

()

g. Others Invited

()

Specify: _____

Continued on back page

10. Number of Enrollees Expected: _____

82

11. Experience or Education Pre-requisite: _____

12. Instructor(s):

13. Names of Nurses and their positions included in planning if not listed above.

14. The following material must be completed before offerings/programs will be considered for approval.

1. Purpose(s)—Why is educational activity being offered?

2. Objectives—What do you want the learner to do that he/she could not do before participating in the educational activity—e.g., to perform mouth to mouth resuscitation for a period of 2 minutes.

3. Complete Content Outline—Topical outline for the educational activity to include instructor and method of teaching. Be as specific possible.

4. Reference material to include bibliography in standard form, audiovisual materials, and other references used.

5. Evaluation methods—By what methods will you evaluate how well you have met your objectives—test, quiz, return demonstration, etc. Include a copy of tool or method.

6. Professional data of all planners and instructors involved. Should include education (both formal and continuing education) and experience which will indicate that this individual is qualified to teach this particular content.

Signature & Title of Person Preparing Application

Mailing Address if Different from No. 2

Telephone No.

Teaching the
Adult Patient

APPENDIX E



Physical Assessment for RN's

September 11, 12, 1978

Presented by:

John C. Calhoun
State Community College
Nursing Education
Continuing Education Program

APPENDIX F

JOHN C. CALHOUN STATE COMMUNITY COLLEGE
NURSES' CONTINUING EDUCATION PROGRAM
SURVEY WORKSHEET

In order for John C. Calhoun State Community College Department of Nurses' Continuing Education to provide rewarding learning experiences for participants, we are conducting the following survey. Each of your ideas and suggestions will be appreciated and will assist us in planning optimum Continuing Education Programs. The programs will be submitted to ASNA for CEU's.

RN _____ LPN _____

1. What workshops have not been offered to you that would most benefit your job performance? Place # according to priority for you.

- A. Adolescence Today _____
- B. Pediatric Assessment _____
- C. Stress Reduction _____
- D. Management Skills _____
- E. The Nurses' Role in Chemotherapy _____
- F. IV Therapy _____
- G. Others _____

2. A workshop on "Gerontology - The Aged" will be offered in the near future. What are some particular areas of need when discussing the elderly patient?

- A.
- B.
- C.

3. What times would best suit your work schedule for attending workshops?

Day _____ Evening _____

4. Are you interested in workshops that are strictly theory ____ or strickly skills ____ or skills and theory ____?
5. Could you attend a workshop once a month at Calhoun College? _____
6. What specific nursing skills have you encountered in the last three months that you felt you did not know or did not know well.

- 1.
- 2.
- 3.

7. List three people and topics to be discussed that you would like others to be exposed to in this area.
- 1.
 - 2.
 - 3.
8. Is there any special arrangement you would have to make to attend these programs? (Do not include traveling and childcare)

SUGGESTIONS:

APPENDIX G
PRE-REGISTRATION SLIP

MESSAGE:

This is to acknowledge your application to attend the Management Skills in Nursing Service Workshop on January 18, 1979 from 8:30 - 4:00. If you are unable to attend please notify us immediately so we can contact someone else to fill your place.

TEST ITEMS

Teaching the Adult

The following test items are those thought to be useful in assessing the degree to which the objectives have been accomplished.

1. Identify three learning needs of the client described in this paragraph:

Berta Gall has been admitted to the hospital complaining of severe abdominal pain after meals. She is found to have cholecystitis. She is obese, her teeth are decaying and she smokes heavily. Her husband works as a sanitarium engineer for the city.

2. Give two reasons why a nurse might be reluctant to teach her clients.
3. Give two reasons why clients might be reluctant to learn.
5. Define the concept need.
5. Define adult education.
6. Distinguish between the concepts of learning and instruction.
7. Identify five characteristics of the adult learner.
8. Specify three basic qualities of an effective adult learning episode.
9. Identify three factors which will make your teaching of these clients different in some way (other than sex):
 - A. Jim Jeans a teenage high school dropout admitted through the emergency room with Serum Hepatitis.
 - B. Judy Janes a 35 year old teachers seen in the family planning clinic.
 - C. William White who has just recovered from his second myocardial infarction has asked his private duty nurse to answer some questions he has about the relationship between diet and heart disease. The nurse realizes that this is Mr. White's:
 1. desire to please
 2. expression of anger
 3. teachable moment
 4. developmental task
 - D. conditions which positively affect the client's degree of motivation are:
check all that apply
 1. likelihood of progress or success
 2. curiosity about subject matter
 3. his fear of hospital food

4. need for social acceptance and approval
 5. personal identification with the health problem or concept
 6. close association of desired state and some basic value
 7. desired state is instrumental and satisfying still another need state
 8. desired state as viewed as self enhancing
- E. Identify three possible motivating factors which you might utilize in teaching the patient - Wayne Shores a professor of economics refuses to give himself allergy shots. He has to leave work for several hours each week to go to the doctor's office. He expresses concern about a possible anaphylactic reaction.
- F. List the three domains of objectives and write a behavioral objective for each.
- G. Define the terminal behavior and/or criterium in the behavioral objectives you have just written.

APPENDIX I

*Licensed Practical Nurses Association of Alabama*₉₀

ELEANOR E. BURLESON, CHAIRMAN
EDUCATIONAL COMMITTEE OF L.P.N.A.A.



849 EAST MOULTON STREET
DECATUR, ALABAMA 35601

PROGRAM APPROVAL FORM

YOUR PROGRAM HAS BEEN APPROVED BY THE ALABAMA LICENSED PRACTICAL NURSE ASSOATION
EDUCATIONAL COMMITTEE.

PROGRAM TITLE: DEATH AND DYING

TIME APPROVED 4Hrs.

APPROVAL DATE: DECEMBER 23, 1978 APPROVAL NO. 0115

YOUR PROGRAM HAS BEEN APPROVED BY THE ALABAMA LICENSED PRACTICAL NURSE ASSOATION
EDUCATIONAL COMMITTEE.

PROGRAM TITLE : GERONTOLOGY/ THE AGED

TIME APPROVED: 4hrs. 45 min.

APPROVAL DATE: DECEMBER 23, 1978 APPROVAL NO 0116

Eleanor E. Burleson

ELEANOR E. BURLESON, L.P.N.

CHAIRMAN OF EDUCATIONAL COMMITTEE L.P.N.A.A.



Alabama State Nurses'
Association

ELIZABETH BARKER, R.N.
EXECUTIVE DIRECTOR

360 N. HULL ST. MONTGOMERY, AL 36104
8/28/78

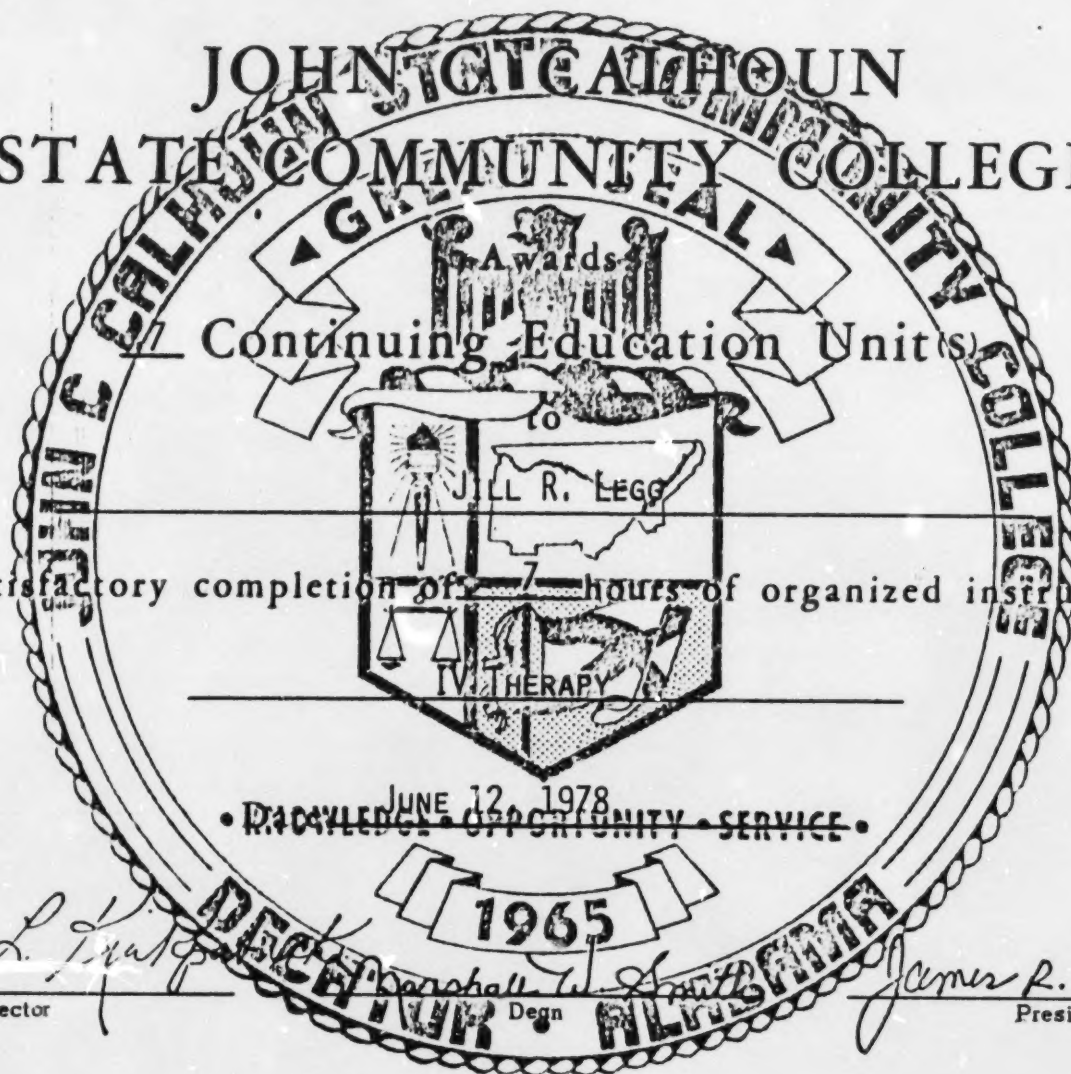
TELEPHONE 205/263-8371

To: Ms. Gayle F. Stinnett, RN
From: ASNA CEARP Committee
Re: Approved Activity

The Alabama State Nurses' Association Continuing Education Approval and Recognition Program (CEARP) Committee is pleased to notify you that your education activity, "Physical Assessment for RN's" # 1798 has been approved for 7 contact hours.

The Alabama State Nurses' Association is accredited by the Southeast Regional Accrediting Committee of the American Nurses' Association as a provider and approval body for continuing education for nursing.

JOHN STATE ALTHOUN STATE COMMUNITY COLLEGE



Continuing Education Unit(s)

For satisfactory completion of 7 hours of organized instruction in

Rhoda L. Krut
Director

Marshall W. Smith
Dean

James P. Chastain
President

The instructional program represented by this certificate was provided in accordance with the criteria and standards of the Southern Association of Colleges and Schools and the National Task Force on the Continuing Education Unit. (See overside for course description).

APPENDIX J

ALABAMA STATE NURSES

ASSOCIATION VOLUNTARY
CONTINUING EDUCATION PROGRAM

The Alabama State Nurses' Association recognizes	
that	<u>KIRKPATRICK RHODA L</u>
has completed the	REQUIREMENTS FOR ENDORSEMENT in
the	Voluntary Continuing Education Program by
ATTAINING	<u>81.25 CONTACT HOURS</u>
	FROM
	<u>01/01/77 THROUGH 06/30/78</u>
<u>09/01/78</u>	<u>Eligbeth Barker</u>
DATE	EXECUTIVE DIRECTOR

APPENDIX K

JOHN C. CALHOUN STATE COMMUNITY COLLEGE
NURSES' CONTINUING EDUCATION PROGRAM

ADULT EDUCATION QUESTIONNAIRE

NAME (Optional) _____

Will you help us in our attempt to improve our services in adult education by answering the following questions? It is intended that your responses shall be as anonymous as possible, therefore, fold your completed questionnaire and place it in the manila envelope provided. We also welcome the opportunity to discuss any problem or suggestion you might have relative to continuing education programs.

Rhoda L. Kirkpatrick
Director of Nursing and Continuing
Education

RN _____ LPN _____

Please evaluate the following items by checking your choice in the right hand column.

1. Registration procedures
2. Notification of attendance confirmation
3. Evaluation Procedure
4. Materials covered in this program
5. Procedures used by the consultants in this program

Very Good	Good	No Opinion	Bad	Very Bad

COMMENT: _____

6. How did you hear about this program?
7. What other programs would you be interested in taking through adult education?
8. How far did you travel to get to this program from home? (One way)
_____ miles
9. Does the place where the class is held have any bearing on whether you attend? Yes _____ NO _____
10. How do you feel about the free rate for continuing education programs?
11. Are there any services you are not receiving that you would like to have the college provide?
12. Did you get what you expected from this program? Yes _____ No _____

Comments:

13. Have you attended more than one of the programs sponsored at John C. Calhoun State Community College? Yes _____ No _____
14. Are you planning to attend future programs? Yes _____ No _____
15. Which two (2) of the factors below motivated you most to participate in the programs at Calhoun?
 - _____ A. Easy to get to
 - _____ B. Continuing Education Credit
 - _____ C. Free
 - _____ D. Interest in Program
 - _____ E. Offered at convenient time

16. Are you for mandatory Continuing Education for Relicensure?
Yes _____ No _____

Comments:

17. The major strengths of this program were:
18. The major weaknesses of this program were:
19. What changes in practice do you plan to make as a result of this program?

APPENDIX L

Nursing Faculty and Staff

Rhoda L. Kirkpatrick, Chairperson of Health Science, Nursing
and Continuing Education

Hazel Hacker, Secretary

Carole Wilson, Coordinator Level II

Wimberly Bolton

Jeanette Garrett

Evelyn Bibb

Pat Brown

Beth Buckelew

Karen Fite

Karen Schutzenhofer

Kathy Harstad

Betty Lanier, Coordinator Level I

Jan Peek

Virginia Jenkins

Gail Pisani

Corinne Jones

Faye Williams, Lab Instructor and Brochure Artist

Continuing Education Faculty and Staff

Gayle Stinnett, Coordinator

Jill Legg, Secretary

JOHN C. CALHOUN STATE COMMUNITY COLLEGE
NURSES' CONTINUING EDUCATION PROGRAM

Advisory Committee

Mrs. Eleanor Burleson
849 E. Moulton St.
Decatur, AL 35601

Mrs. Margie Eddleman
Inservice Coordinator
Medical Center Hospital
911 Big Cove Rd.
Huntsville, AL 35801

Ms. Mary Garner
Director of Nursing
Colonial Manor Hospital
Florence, AL 35630

Mrs. Betty Hutchens
Director, Community Services
John C. Calhoun State Community College
Decatur, AL

Dr. Tom McLeod
Assistant Dean, Program Development
John C. Calhoun State Community College
Decatur, AL 35601

Ms. Gwen Myers
Director of Inservice
Limestone Nursing Home
W. Hobbs St.
Athens, AL 35611

Mr. S.C. O'Neal
President
J.F. Drake State Technical College
3421 Meridian St. North
Huntsville, AL 35804

Ms. Lelia Reid
Inservice Coordinator
Decatur General Hospital
1120 Somerville Rd. S.E.
Decatur, AL 35601

Mr. Harry Rice
Director, Institutional Development
John C. Calhoun State Community College
Decatur, AL

Dr. Carlton Smith
City Superintendent of Schools
Hartselle Board of Education
113 N. Sparkman St.
P.O. Box 990
Hartselle, AL 35640

Dr. Marshall Smith
Dean
John C. Calhoun State Community College
Decatur, AL

APPENDIX N

JOHN C. CALHOUN STATE COMMUNITY COLLEGE
NURSING DEPARTMENTPHILOSOPHY

We, the Faculty of the Department of Associate Degree Nursing, agree with the philosophy and objectives of John C. Calhoun State Community College and function within its policies.

We believe that nursing is a dependent, independent, collaborative process of the nurse interacting with man and other members of the health team to affect his optimum level of wellness along the health-illness continuum. We further believe nursing care is individualized and can occur in all settings.

The purpose of nursing activity is to promote man's health seeking and coping behaviors as he strives throughout life to remain a unified whole, biologically, psychologically and sociologically in an ever changing environment. Man is vulnerable to the stresses of his environment and contains a finite amount of energy to expend in adaptation.

We believe man functions in social systems with the family as the basic unit. It is further believed the society in which man exists provides values, beliefs and mores which give direction.

We believe that continuing education should take place within the institution of higher education and reflect the philosophy of the institution.

We believe that continuing education is an educational program that consist of planned organized learning experiences to meet specific learning objectives; experiences designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice.

We believe that participants in continuing education offerings bring many resources with them and that all participants can learn from each other.

We believe that nurses must assume responsibility for self-improvement, self-evaluation for professional growth.

We believe that all individuals have the right to achieve self-actualization and society has the obligation to provide opportunities for this achievement. We believe that learning is continuous throughout the life cycle and is an active process that results in a change in behavior. We further believe that learning takes place within the learner, therefore, self-understanding and self-evaluation are emphasized. With this belief in mind, we set forth the following statement:

1. Learning is meaningful when there are goals.
2. Learning is enhanced when the climate is non-judgmental
3. Learning is meaningful and lasting when there is opportunity for application.
4. Learning proceeds from the familiar to the new and from the concrete to the abstract.
5. Learning takes place when the learner is motivated by an awareness of his own needs.

The graduate of this nursing program will be able

to:

1. Provide nursing services (care) to patient (individuals and groups of individuals) of all ages who are experiencing acute or chronic illnesses that are common and well defined, who are in need of diagnostic evaluation, and/or who require information or support to maintain health.
2. Provide nursing services (care) in any structured care setting, primarily acute and extended care facilities.
3. Utilize the nursing process to initiate and maintain the individual's health by:
 - a. Collecting data base from available resources.
 - b. Assessing a patient's total health needs and disturbances in meeting those needs.
 - 1) Assesses in relatively predictable situations
 - 2) Confers with other health care workers with regards to data base.
 - 3) Formulates a nursing diagnosis based on patient needs.
 - c. Developing a nursing plan aimed at promoting, maintaining and/or restoring health.
 - d. Implementing a plan according to priority needs.
 - 1) Utilizes specific nursing strategies which are standardized, in common use and have predictable outcomes.
 - 2) Safely performs nursing skills using cognitive psychomotor and effective capabilities
 - e. Evaluating outcomes using established criteria
 - f. Modifying plan as necessary
 - g. Documenting nursing assessment, intervention and evaluation.
4. Base nursing process on current knowledge of nursing, the sciences and the humanities, that is specific and factual.
5. Indicate continuing educational and personal development by:
 - a. Planning for continuing growth by participation in continuing education programs and reading current nursing literature
 - b. Evidencing self-direction and self-evaluation
 - c. Recognizing own capabilities and limitations.
 - d. Supporting professional organization in nursing
 - e. Assuming responsibility for own actions.
 - f. Understanding his/her role and responsibility within the health care delivery system.
 - g. Supporting the ANA Code of Ethics

6. Collaborate with other health care workers in rendering care to individuals.
7. Direct other health care workers in technical aspects of care.

We are entrusted with assisting health professionals, registered nurses and licensed practical nurses to fulfill their individual needs to maintain competency through lifelong learning.

APPENDIX O

JOHN C. CALHOUN STATE COMMUNITY COLLEGE



P. O. BOX 2216
DECATUR
ALABAMA
35602

JAMES R. CHASTEEN
PRESIDENT

TEL. (205) 353-3102

January 12, 1979

Mrs. Rhoda Kirkpatrick
Chairperson
Health Science and Nursing
Calhoun Community College
P. O. Box 2216
Decatur, AL 35602

Dear Mrs. Kirkpatrick:

I wish to extend my heartiest congratulations on the success of your Continuing Education Program. As a member of the Advisory Board for Continuing Education it is gratifying to know that the objective of improving quality patient care has been achieved.

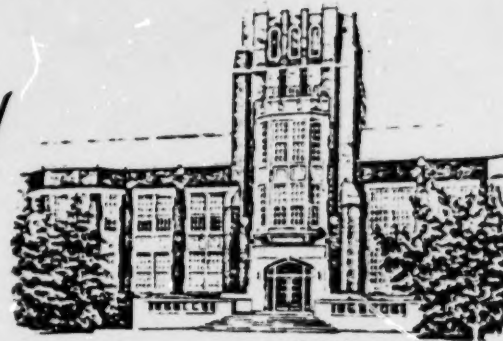
Sincerely,

Harry W. Rice
Director of Development

/gp

Jacksonville State University

JACKSONVILLE, ALABAMA 36265



Mrs. Rhoda Kirkpatrick, Director
Department of Nursing
John C. Calhoun Community College
Decatur, AL

Dear Mrs. Kirkpatrick

I am in receipt of your information on Continuing Education and find it most impressive. We are in the process of formalizing a continuing education program and find your conceptualization of continuing education most appropriate for our needs.

I am looking forward to further dialogue with you as we near the completion of our proposed program. I am aware of your busy schedule and would be most appreciative if you would review our projected continuing education program upon completion and share your comments with us.

Thank you for sharing this valuable document.

Sincerely

Roberta Watts

Roberta Watts, Coordinator
Lurleen B. Wallace College of Nursing

j1



J.F. DRAKE STATE TECHNICAL COLLEGE
3421 MERIDIAN STREET, NORTH
HUNTSVILLE, ALABAMA 35811

105

TELEPHONE (205) 539-8161

OFFICE OF THE PRESIDENT

Mrs. Rhoda Kirkpatrick
Chairperson, Health
Science Division
John C. Calhoun State
Community College
Post Office Box 2216
Decatur, Alabama 35602

Dear Mrs. Kirkpatrick:

I am pleased to address comments concerning the excellent program being conducted in your division.

This letter is my evaluation of "The Development of a Model to Guide the Practitioner in Continuing Education Programs". I have reviewed the Model and find that it is an excellent Model that brings into focus every aspect of what is needed to make Continuing Education a success but most of all it has fulfilled the purpose it was designed for, to give directions for the purpose of improving quality patient care. The Model has certainly taken parts and conceptualized them in one whole.

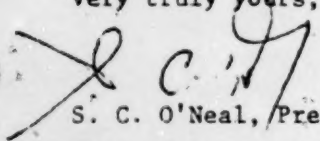
As an active member of the Continuing Education Advisory Board, I am happy to say the Model is educationally sound and one that is useful in structuring programs for nurses.

The strength of the Model is two-fold:

1. It can be replicated by other programs which means it will eventually serve a larger number of nurses and there is certainly a need for it.
2. It will strengthen Calhoun's Continuing Education Program by not only giving direction but schematically showing each phase.

My interest in this Model far exceeds this letter. It has been through my involvement with Continuing Education in Nursing that my interest has broadened to other areas.

Very truly yours,


S. C. O'Neal, President

SCO/evh

116

JOHN C. CALHOUN STATE COMMUNITY COLLEGE



P. O. BOX 2216
DECATUR
ALABAMA
35602

JAMES R. CHASTEEN
PRESIDENT

Mrs. Rhoda L. Kirkpatrick
Chairperson
Health Science and Nursing
John C. Calhoun
State Community College
P.O. Box 2216
Decatur, AL 35602

Dear Mrs. Kirkpatrick:

As I anticipated, the study you have undertaken in development of a model for Continuing Education has proven very beneficial for the Continuing Education facet of our program. In reviewing this model it is found to be thorough and shows many of your innovative ideas and expertise in this much needed area. One appreciates knowing that with your leadership the excellent model you have designed and implemented is the basis of a truly successful Continuing Education Program.

It is with pride that I acknowledge such a fine model and appreciate knowing that I am part of the Continuing Education Program at John C. Calhoun State Community College.

Sincerely,

Gayle F. Stinnett
Project Coordinator
Continuing Education

GFS/jrl

JOHN C. CALHOUN STATE COMMUNITY COLLEGE



P. O. BOX 2216
DECATUR
ALABAMA
35602

JAMES R. CHASTEEN
PRESIDENT

Dr. John A. Scigliano
Director
Center For Higher Education
Nova University
Fort Lauderdale, FL

Dear Sir:

I have reviewed the Continuing Education Model submitted by Mrs. Rhoda Kirkpatrick and feel that it gives direction and meaning to the nurses involved in this project.

The Continuing Education Program has been of great value by providing materials and consultants to upgrade the nursing profession.

All programs have been well attended and were utilized fully by those participating. It has not been uncommon to hear words of praise and thanks from those attending. The program has been beneficial by introducing new nursing skills and concepts and has given much insight into one's own personal feelings regarding new roles and current changes in the profession of nursing.

I feel there is no research more in demand for nurses than this project which Mrs. Kirkpatrick has undertaken.

It has focused on the adult learner, principles of learning and addressed the national problems regarding continuing education.

Sincerely,

Betty S. Lanier

Betty S. Lanier
Coordinator

UNIVERSITY OF CALIF.
LOS ANGELES

JUL 27 1979

CLEARINGHOUSE FOR
JUNIOR COLLEGES